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Falling by the Wayside:

Children in Rural America

DEAR LORD
BE GOOD TO ME
THE SEA IS SO
WIDE AND
MY BOAT IS
SO SMALL

Children's Defense Fund

About CDF

The Children's Defense Fund (CDF) exists to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble.

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Falling by the Wayside: Children in Rural America

by

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Introduction and Overview

Children in all parts of America are faring very badly: one in five is poor, one in six has no health insurance, and one in eight is a high school dropout. One in three families with children must spend more than it can afford on housing. But the nearly one-quarter of American children (14.9 million children) who live in rural areas face a situation just as bleak and in some key respects even bleaker than their nonrural counterparts.

The breadth and depth of the problems of rural children will surprise many Americans because they do not fit our stereotypes of needy and at risk children. Demographically — in their racial and ethnic make up and family structure — rural children resemble relatively well-off suburban children. But economically and socially and on health indicators they often are more like children in our inner cities, where children's problems often are worst of all.

Rural children are being left behind.

Rural children are more likely to be poor (22.9 percent lived in poverty in 1990) than American children overall (20.6 percent) or nonrural children (20.0 percent). Young children, and black, white, and Latino children all are more likely to be poor if they live in rural areas.

Rural child poverty has been higher since the mid-1980s than it was at any time during the 1970s. Each recent economic cycle of recession and recovery has left rural child poverty, like total national child poverty rates, at higher levels. The rural child poverty rate was 16.6 percent in 1973, 17.3 percent in 1979, and 22.2 percent in 1989.

The increase in child poverty has been driven by three factors: a nationwide wage decline, especially for the younger workers who have young children; a decline in the anti-poverty effectiveness of government programs (caused by program cuts, failure to adjust for inflation, and failure to adapt programs to new economic and social realities); and an increase in single-parent families. The first two of these factors are particularly central to the struggles of rural families with children. Rural earnings are three-fourths of levels in metropolitan areas (cities and suburbs). And government help is even more restrictive in rural than in metro areas: for example, AFDC payments per poor family with children in rural areas are about half the metro level. And the 10 most rural states in the nation have unemployment insurance coverage rates only three-fourths those of the 10 most metropolitan states.

Some metro residents may think rural poverty is easier to bear because rural living is cheaper or farm food is abundantly available. In fact, few rural families raise their own food or even live on farms any more, and rural living costs — except for housing — are essentially the same as in metro areas. Housing appears to be less expensive in rural areas, but not so much less expensive as to balance out the much lower salaries rural jobs pay — an average of 27 percent lower.

Definitions

Rural (nonmetro) in this report is used to mean nonmetropolitan areas — that is, all areas of the United States outside metropolitan areas (data exclude Puerto Rico and territories).

Metropolitan (metro) refers to the Metropolitan Statistical Areas defined by the federal Office of Management and Budget. These areas include either (1) a city of at least 50,000 population or (2) a Census Bureau-defined urbanized cluster of at least 50,000 as well as a total metropolitan population of at least 100,000 (75,000 in New England). In addition to the county containing the main city or urbanized area, a metro area may include other counties having strong social and economic ties (such as commuting) to the central county.

Central cities. The largest city in each metro area is always designated a central city. Additional cities may be designated central cities if they meet specified requirements, such as having 25,000 or more population and the commuting and employment patterns of a major city.

Suburbs are the remainder of metro areas outside the central cities.

NOTE: The U.S. Bureau of the Census provides data on metro and nonmetro trends in the Current Population Survey (CPS), its major ongoing survey of demographics, income, and employment. The Census Bureau updates the metro and nonmetro designations used in the CPS about once every 10 years. The most recent Census Bureau data cited in this report are based on the rural (nonmetro) counties identified from the 1980 Decennial Census.

This report does not include data from the 1990 Decennial Census, which will not be available for most of the indices in this book until 1992 or 1993.

Just as rural children are poorer than other American children, they are less likely to have any health insurance coverage and they are less likely to have access to health services:

Child Poverty Rates, 1990

	Rural	Metropolitan (Cities and Suburbs)
Ages 0-6	26.7%	22.0%
White	18.4	15.0
Black	52.5	43.2
Latino	40.7	38.2

SOURCE: Census Bureau data for 1990. Rural in this report means outside metropolitan (metro) areas. For definitions, see box on page 2. Recent poverty data and many other indicators are not available for Native Americans, most of whom live in rural areas. The federal poverty level varies by family size. In 1990, for example, it was $10,419 for a family of three and $13,359 for a family of four.

- Rural babies are more likely to be born to women who received late or no prenatal care. Rural areas have only one-third as many obstetrical and gynecological specialists per capita as metro areas. More than two-thirds of rural women having babies in 1984-1986 lived in counties with *no* community or migrant health center.

- Rural areas have less than half as many physicians per capita. And 42 percent of rural children, compared with 33 percent of city and 35 percent of suburban children, have not visited a doctor for at least a year.

Rural children also are suffering on a range of important measures of early childhood education, schooling, and youth development:

- Rural students attend poorer schools that on the average face higher costs with lower revenues. In the last year for which data are available (1982), rural communities spent about 10 percent less per student than metro communities — a deficit equal to more than $5,700 for a classroom with 25 students. As a result of fiscal and other problems, rural schools have a narrower range of courses and programs, and rural teachers have less experience, less training, and higher rates of turnover.

- While dropout rates for rural youths have declined rapidly, they still lag behind metro rates, in part because far fewer rural dropouts later return to school or GED high school equivalency programs. Combined with the tendency of educated rural youths to move away to metro areas, this leaves a very large proportion of the young rural work force at a substantial educational disadvantage compared with metro adults.

- Child care is in shorter supply in rural areas, rural preschool children are less likely to be in educationally oriented programs, and rural child care workers have less education than metro child care workers. The National Governors' Association reported that in 47 states rural families have difficulty obtaining child care.

- High teen birth rates correlate to high poverty and low educational achievement. A greater proportion of births in rural areas are to teen mothers (15 percent of all births) than in metro areas (12 percent). This is true for both white and black teens.

The rural picture is not uniformly worse. Rural babies are less likely to be born at low birthweight than metro babies. Rural communities have lower homicide rates and are more likely to be rated highly by residents as good places to live.

But for many urgent problems affecting children nationwide, far too little information is even gathered about rural children. Child abuse and neglect, substance abuse, mental health problems, and teen pregnancy are all pressing concerns for rural youths. In many rural areas, as in cities and suburbs, communities are struggling to serve adequately teen parents and teens at risk of too-early pregnancy, as well as young people who have run away or are homeless, who are at risk of separation from their families or have been placed in foster family homes or other residential settings, who have serious emotional problems, or who are in trouble with the law and are in need of rehabilitation and treatment. But these concerns are not analyzed closely in this report because of the lack of a uniform national data base.

Across a very broad range of indicators that are available, however, rural children's problems are worse than metro children's, are worse than the suburban component of the metro population, and often are close to, equal to, or worse than the problems of city-dwelling children.

- Rural white infant death rates are as high as inner-city white rates.

- The astronomical poverty rate for rural black children (53 percent) exceeds the rate for black children in cities (47 percent), as does the proportion of rural black children living in families with incomes less than one-half the poverty line.

- Rural children of all races are more likely than their city peers to go a year or more without their regular doctor's checkup.

But rural problems do not have to be worse than metropolitan or city problems to threaten children's well-being. Comparable levels of health, education, and other problems are far too severe because children and their families in all parts of the country have done so badly in the past two decades. For example, slightly better infant mortality and low-birthweight rates in rural areas are small comfort because the nation as a whole did so badly on these measures of children's well-being in the 1980s (after rapid progress in the 1960s and 1970s). Rates are simply too high everywhere in the nation.

The housing crisis is an example of a problem worsening in both rural and metro areas. One in two rural renter households (46 percent, compared with 49 percent of metro households) now pays more than 30 percent of its income for housing, even though the federal government says families really can't afford to devote more than 30 percent to housing costs. By 1990, in every rural county in the nation, a family with a minimum wage income would have had to exceed this standard and pay more than 30 percent of its earnings for rent at the local fair market rent. Despite the housing cost crunch, rural households are even less likely than metro families to get federal housing assistance to meet their housing burdens. This has contributed to families doubling up, overcrowding, and, ultimately, homelessness for tens of thousands of rural children.

Stereotypes

Stereotypes of rural children are wrong.

It will come as a surprise to many Americans that the situation of rural children and families is so bad. The portrait painted in this book does not fit our outdated stereotypes of rural America, and the depth and breadth of problems confronting rural children and families clash also with our urban stereotypes — Americans' tendency to believe that our nation's poor or unhealthy or undereducated children are overwhelmingly urban and minority.

The first incorrect stereotype has to do with rural children and farms. Fewer and fewer Americans live on farms. By 1988 the number of children who lived on farms had dropped to 1.2 million — about one-twelfth the total number of rural children. The number of black farm children nationwide was down to just 26,000, less than 2 percent of the rural black child population.

Where do rural children live if not on farms? They live in many different types of communities: in trailer camps, mountain settlements, and back woods communities; on former farms and ranches; on reservations; along country roads; or in small villages. Some live in larger towns or small cities, including declining small manufacturing centers. Like the nation as a whole, rural families are very diverse — geographically, economically, and ethnically.

Only one of 11 rural jobs is a farm job. Most rural jobs are in the service and manufacturing sectors, a job mix that increasingly resembles that of metropolitan areas. Yet rural unemployment in 1990 was up compared with 1979, while metro unemployment was down. And rural jobs are lower skilled and pay less: earnings per job in rural areas are less than three-fourths of metro levels. Some of the wage difference is related to the poorer education and skills level of rural workers.

Another stereotype — the old image of fathers working while mothers stay at home — is now even less true in rural than metro areas. Fully two-thirds of rural mothers are employed.

In a few respects rural children do fit our traditional image. They are more likely to be white than are metro children. They are slightly more likely to be from two-parent families. Yet despite this, rural children are poorer, less healthy, less educated, and generally worse off than other American children. And low rural wages mean that rural children often remain mired in poverty even when their parents are employed.

This story of rural children has remained, however, largely untold in recent years, except for a brief flurry of attention to the farm crisis in the mid-1980s. Part of the reason is that our society has not done well in grasping and focusing energy on the problems of any group of low-income families in recent decades. Moreover, city poverty is more visible than rural poverty to the millions of Americans who drive through blighted streets. And as the farm population and farm economic crisis shrank, the mass media often turned their attention away from rural areas, even though important stories on other facets of rural economics and family life remained untold.

To the extent that the mass media and our society have paid attention over the past decade to poor families and children, they typically have focused attention on urban poverty, with an emphasis — sometimes an undue emphasis — on minority and single-parent families in poverty. In other words, as the rural reality evolved away from the rural farming stereotype, the urban stereotype of children in poverty and families in trouble became more prevalent.

In important ways this has been a disservice to both groups, and to America's children as a whole. It has hardened the image — the stereotype — of child poverty and parental joblessness and lack of health insurance and school failure as almost exclusively urban, minority, single-parent phenomena. And as the problems of families and children have been oversimplified in that way, they have become easier to ignore — easier for the middle class to consider them as problems of some isolated underclass, easier for rural Americans to pigeonhole as urban matters, and easier for whites to stigmatize as minority problems.

But the reality is very different, and this report shows how wrong the stereotypes are:

- Rural child poverty rates are above the national average. Less than half of poor children live in central cities. The majority live in suburbs or rural areas.

- Only one-third of poor children are black. (A black child is more likely to be poor than is a white or Latino child, but poor white children far outnumber poor black children). In rural America, where child poverty rates are higher than in metro America, only one of four poor children is black.

- Most poor families with children have one or more workers, and this is even more true in rural areas. In many cases these workers only manage

> to work part time or for part of the year. Yet one in three rural poor families with children cannot escape poverty even though the head of household works full time throughout the year.

And a host of other education, health, housing, and other child and family problems are as prevalent or more prevalent in rural America, as described in this report.

Steps forward for America's rural children.

If the problems of rural American children do not fit stereotypes, often the solutions do not either. First, the most fundamental changes needed often are identical to urban and suburban solutions because the problems of children and families are common — problems such as falling wages and eroding health insurance coverage in troubled industries that increasingly provide part-time, temporary, or low-wage/low-benefit jobs; problems such as schools that are not good enough, too few doctors and child care slots, and too frayed a safety net. Rural children, and especially low-income rural children, need better health care, better housing, better child care, better preschools, and better schools. In this regard they are exactly like children in metropolitan areas and especially cities. Rural children also need their parents to have more and better jobs at decent wages and with decent benefits. Again, this makes them precisely like metro and especially city children.

This is not to say that there are no special characteristics of rural children or rural family life that deserve special attention. There are. The special problem of distance from services is just one example. But the base for metro and rural families must be the same. It would be a mistake to think that the very severe problems of rural children would be solved merely by better transportation to services, or by better farm programs. That would ill serve most rural children and, by sustaining the illusion of rural uniqueness, ill serve urban children as well. Rather, all Americans share a broader stake in helping meet the needs of the broadest range of American children and families and recognizing the commonality of their problems.

The importance of seeing the basic needs of America's children as indivisible is underlined as well by the importance of every child — rural, urban and suburban; white, black, Latino, Native American, and Asian American; poor and nonpoor — to the future competitiveness of this country. The number of children, soon to be young adults, in our society has been dwindling. In the year 2000 there will be 5.4 million (18 percent) fewer Americans between the ages of 18 and 24 than there were in 1980. As the percentage of the population that consists of children and young workers shrinks, we need to prepare each child to be fully productive in a more and more sophisticated work place if our nation is to thrive in an increasingly competitive global economy.

This is equally true for rural children because they are one-fourth of this shrinking future work force, and because their migration into urban areas and into rural manufacturing and service jobs increasingly makes them participants in the parts of our economy that must compete internationally. Rural areas may be isolated in many ways, but rural children's problems today will affect the entire nation in the twenty-first century.

Recommendations

The first and most important providers of children's needs are parents, and public policies must be designed to support parents in this role. Business, religious congregations, the private nonprofit sector, and communities must actively support parents as well, especially in rural areas where families' isolation makes these support networks essential. The chapters of this report lay out a range of steps for national, state, and local governments and private entities to undertake on behalf of rural children. That list must begin with steps that will support all of America's struggling families — rural, city, and suburban.

All of America's children need a Fair Start, a Healthy Start, and a Head Start.

All children need to grow up in families that can meet their basic needs: food, clothing, and a safe and secure place to call home. A first step toward this fair start for all children is a refundable children's tax credit — a modest basic amount per child that is available to every family with children. As proposed recently by the bipartisan National Commission on Children and key members of Congress from both parties, and as used successfully for many years by many European countries to better bolster the incomes of families with children, such a credit would reduce taxes for middle- and low-income families and use a refund to help the lowest income families with no tax liability.

Other key steps to a fair start for all children are more aggressive child support enforcement and creation of a child support assurance system to combat extremely high child poverty rates in single-parent families and to give single parents an economic floor from which their work efforts can lift their families out of poverty.

All children also need a healthy start: access to basic health care through health insurance for every child, parent, and pregnant woman.

And all children need a head start: it is time that this nation extend the very successful Head Start program to every eligible child rather than giving the program's benefits to only one in three children.

Ways to target the particular needs of rural children.

A range of other initiatives set out in this report, while also helping metro children, will help rural children disproportionately. Because rural children are poorer yet more likely to live in two-parent or working parent families, they will benefit in particular by initiatives that include: improvements in federal and state tax credits for working families with children (like the Earned Income Tax Credit), parental leave, improvements in safety net programs such as food stamps, Aid to Families with Dependent Children for families with unemployed parents (AFDC-UP), and housing assistance to reach many more poor rural families. More adequate funding for state preschool programs, the federal Child Care and Development Block Grant, and other child care programs will buttress rural families immeasurably and better prepare their children for school.

A range of programs directly aimed at isolated rural (and city) children also are recommended. Full funding for Community Health Centers, Migrant Health Centers, the Special Supplement Food Program for Women, Infants, and Children (WIC), and the National Health Service Corps will provide basic health care in thousands of medically underserved rural and inner city areas. State programs that enhance or forgive undergraduate and graduate student loans for health personnel and teachers who serve in rural or inner-city areas would help alleviate shortages of professionals serving children. Home visitor services for isolated pregnant women and families with children, parent education and support programs, and training and support for family day care providers all would strengthen families and child care services and protect children.

Safety net programs in rural areas should be geared to rural families' actual circumstances. This means lifting unreasonable restrictions in programs such as AFDC, Medicaid, or food stamps against owning cars or trucks of even very modest value. It means as well: allowing public benefit application forms and other materials for rural families living dozens of miles from public offices to be filed by mail; more outreach for key programs; Medicaid enrollment offices outstationed at clinics, hospitals, and other health providers; and reimbursement of poor families' necessary travel costs to medical and social service providers.

Finally, greater investment in rural schools is absolutely essential: more equitable school funding, more investment in special and enhanced programs, and aggressive exploration of new distance learning techniques. Better educated young adults are one prerequisite to stronger economic development in rural America. As the Southern Growth Policies Board has said, 20 years ago the keys to rural economic development were "location, location, and location," but the keys today are "education, education, and education."

The problems of rural poor children are not confined to states that we typically think of as rural — such as South Dakota, Wyoming, or Idaho. While these states are predominantly rural, the biggest rural populations reside in larger states that we don't necessarily think of as rural — states such as Ohio, Illinois, Michigan, and Pennsylvania — as well as Texas, North Carolina, Georgia, Kentucky, Mississippi, and Indiana.

The problems of America's rural families and children are the problems of every economic sector, of every state, and of the nation. They are problems that we must both begin to recognize and move quickly to solve.

Chapter 1

Rural Children and Families: Who They Are

Tens of millions of Americans live in the towns, villages, small cities, farm or logging communities, trailer parks, Indian reservations, and along the country roads that make up rural (nonmetropolitan) America. The United States has become steadily less rural during the past century, changing from a mostly rural nation in 1900 to a mostly urban and suburban (metropolitan) one today. But more than one-fifth of Americans lived in rural areas in March 1991. And among rural Americans are 14.9 million children — nearly one in four (22.9 percent) of the nation's children and the nation's future.

This chapter sets the scene for these rural children. It describes where they live and in what types of families.

Rural children in many key respects look much like suburban children, the chapter shows. In their race and ethnicity, and in the structure and size of their families, they have far more in common with their suburban peers than with children from large cities. These characteristics make rural children's economic and related problems (discussed in later chapters), which resemble the deeper problems of city children in many important respects, all the more surprising to many Americans. But this largely hidden crisis of rural children combines with others — for poor and at-risk children in cities and suburbs, for white, black, Latino, Asian, and Native American children, for children with two parents or one — creating a crisis for the nation.

The chapter also shows that metropolitan areas (cities and suburbs) continue to expand rapidly. While rural America is hardly about to disappear, its contraction, combined with the continued migration of young Americans to cities, indicates that many of today's rural children will join tomorrow's metropolitan citizenry and work force. Metropolitan suburbs in particular will continue to expand and absorb rural communities and will rely in part on today's rural children to fill new jobs. Rural areas may be isolated in many ways, but rural children's problems will affect the entire nation in the twenty-first century.

Three recent trends in the U.S. economy — projected shortages of young, entry-level workers, the increasing technological sophistication of the work place, and the increasingly competitive nature of the global economy — mean that America will need *all* of its children, including rural children, to be prepared and educated adequately. The capacity of rural children to meet the rising demands of the work place will determine the future of metropolitan as well as rural America.

Children in rural areas

Nearly 15 million children lived in rural areas in March 1991. Over the past 20 years, this number has fallen by two-fifths — the result of the expansion of metro areas, especially in the 1980s (which reduced the number of rural children and adults), as well as migration and a nationwide decline in birth rates (which caused the child population in the 1970s and 1980s to decline relative to the adult population in both rural and metro communities). Nonetheless, rural children still accounted for a significant portion of the nation's children in March 1991.

In both rural and metro areas, children account for about one-fourth of the total population, down from one-third in 1970.

Population of the United States,
1970, 1980, 1990, 1991

	Numbers (1,000s)				% Change	
	March 1970	March 1980	March 1990	March 1991	1970-1980	1980-1990
All Ages						
Nonmetro	69,831	70,170	54,824	55,592	+0.5%	-21.9%
Metro	130,017	147,678	191,169	193,052	+13.6%	+29.4%
Cities	57,781	60,546	75,123	74,936	+4.8%	+24.1%
Suburbs	72,236	87,132	116,045	118,116	+20.6%	+33.2%
Children Younger Than 18 in Families						
Nonmetro	25,055	20,484	14,591	14,593	-18.2%	-28.8%
Metro	44,733	40,499	48,649	49,315	-9.5%	+20.1%
Cities	18,313	15,960	19,018	19,055	-12.8%	+19.2%
Suburbs	26,420	24,539	29,632	30,261	-7.1%	+20.8%

NOTE: Data are from the Current Population Survey and are based on rural and metropolitan areas and central cities designated in the previous Decennial Census (roughly 10 years earlier). Figures for children in families exclude a small number of children (1.1 million nationwide and 0.3 million in nonmetro areas in 1991) who are teen parents or who are not living with any family members.

Children by Region,
March 1991

	Nonmetro		Metro	
	Number (millions)	% Distribution	Number (millions)	% Distribution
All Regions	14.9	100%	50.2	100%
Northeast	1.4	9%	11.1	22%
Midwest	4.6	31%	11.2	22%
South	6.5	43%	15.7	31%
West	2.4	16%	12.1	24%

South and Midwest

Rural children live in all regions, but are concentrated in the South and Midwest.

While rural children are spread throughout the United States, just two of the nation's four regions — the Midwest and the South — account for almost 75 percent of America's rural child population. (By comparison, these two regions account for about 54 percent of city and suburban children.) This reflects the more rural nature of these two regions: nearly 30 percent of people in the Midwest and South are rural, compared with 11 percent in the Northeast and 15 percent in the West.

Black rural children, however, are nearly all southern: 94 percent of black children who live in rural areas live in the South. Latino rural children usually live in either the rural South (48 percent) or the rural West (46 percent). White rural children are spread more evenly.

Nonmetro Children by Region and
Race/Ethnicity, March 1991

	White	Black	Latino
All Regions			
Number (millions)	12.7	1.8	0.6
%	100%	100%	100%
Northeast	11%	1%	1%
Midwest	35%	3%	4%
South	37%	94%	48%
West	17%	1%	46%

NOTE: Latino children may be of any race in Census Bureau data. Most persons who are Latino also are counted as white.

Metropolitan states

Many rural children live in states that are predominantly metropolitan.

While a few states such as South Dakota, Wyoming, and Idaho have very high proportions of their children living in rural areas (more than 80 percent), many more rural children live in larger states that are not necessarily thought of as rural. Ohio, Illinois, Michigan, and Pennsylvania, for example, with just 16 to 22 percent of their children in rural areas, each had more than 500,000 rural children in 1980. (More recent state-by-state data on nonmetro children are not available.) Each of these rust-belt states was among the 10 states with the largest number of rural children.

In fact, nearly three of four rural children live in mostly metropolitan states (the 35 states in which more than half of the child population lives in metro areas). Only one state, Mississippi, is both among the 10 states with the greatest proportion of children living in rural areas and among the 10 states with the largest number of rural children.

Number of Rural Children, Top 10 States, 1980

	Number (1,000s)	As a % of U.S. Total	% of Children in State Who Are Rural
U.S. Total	15,960	100.0%	25.0%
Texas	864	5.4%	20.1%
North Carolina	778	4.9%	46.9%
Ohio	688	4.3%	22.2%
Georgia	639	4.0%	38.8%
Kentucky	601	3.8%	55.5%
Mississippi	586	3.7%	65.7%
Illinois	567	3.6%	17.5%
Michigan	534	3.3%	19.4%
Indiana	532	3.3%	32.9%
Pennsylvania	508	3.2%	16.3%

Percentage of Children Who Are Rural, Top 10 States, 1980

	% of Children in State Who Are Rural	Number (1,000s)	As a % of U.S. Total
U.S. Total	25.0%	15,960	100.0%
South Dakota	85.0%	175	1.1%
Wyoming	84.9%	124	0.8%
Idaho	82.7%	254	1.6%
Vermont	77.2%	112	0.7%
Montana	76.3%	177	1.1%
North Dakota	66.0%	126	0.8%
Mississippi	65.7%	586	3.7%
West Virginia	65.2%	365	2.3%
Maine	61.2%	197	1.2%
Arkansas	60.8%	408	2.6%

NOTE: These figures are from the 1980 Decennial Census and reflect nonmetro areas as of 1980. They are therefore substantially different from Current Population Survey data for March 1980, which are based on nonmetro areas as of 1970.

Farms

Few rural children live on farms; most live in other rural settings.

The number of children (and adults) living on farms has fallen sharply throughout this century. The children who remain on farms account for a very small share of all rural children. The number of black children on farms plunged fastest, reflecting a trend known as the "vanishing black farm."

Between March 1980 and March 1988, the number of farm children dropped from roughly 1.6 million to 1.2 million for all races — a decline of about one-fourth. The total number of farm children in March 1988 (including metro farm children) equals about 8 percent of the number of all nonmetro children and about 2 percent of all American children.

The number of black children living on farms dropped from 81,000 to just 26,000 between March 1980 and March 1988 — a drop of more than two-thirds. The number of black farm children equals only 1 to 2 percent of the number of black children in nonmetro areas — and roughly 0.25 percent of the total black child population.

The number of black farm children in poverty throughout the United States (11,000) is only one-fifth the number of poor black children in the Bronx, New York. There now are fewer poor black children on farms nationwide than in Kansas City or Milwaukee.

Currently, only 2 percent of Americans (and an estimated 2 percent of American children) live on commercially active farms. Although comparisons with years before 1980 are hampered by changes in the definition of a farm, the decline in farm population is part of a longstanding trend. In 1920, 30 percent of Americans said they lived on farms, according to that year's Census.

The Census Bureau now counts as farms only commercially active farms with annual sales of at least $1,000. Some rural residents certainly live on farms with sales below $1,000, but their number is probably small. Data for 1983 show that expanding the farm definition to include farms with annual sales of more than $250 (and farms of 10 or more acres that generate at least $50 of annual sales) would have boosted the tally of farm residents in that year by just one-fifth.

Where rural children live

The image of rural areas often is of families on farms. Where *do* most rural children live if not on commercially active farms? Rural children may live on former farms or ranches, on Indian reservations, in trailer camps, mountain settlements, backwoods communities, along country roads, or in small villages outside metropolitan areas. Some are located near metro areas (making their families somewhat more likely to have access to metro jobs and services). Some live in larger rural towns and small cities.

If rural children follow the settlement patterns of rural residents of all ages (no separate data are kept for children), then:

- Fifty-seven percent live in counties that are adjacent to metropolitan areas;
- Seven percent live in counties that are not adjacent to metro counties but contain at least one incorporated community of 25,000 or more;
- Thirty-six percent live in counties that are not adjacent to metro areas and have no community of 25,000 or more.

More than three-quarters of nonmetro residents live in small towns of less than 10,000 people or in open countryside and farmland outside town limits.

Some rural families that do not live on farms nonetheless depend on agriculture for income. In 1990 only half of all agricultural workers in nonmetro areas (0.9 million out of 1.7 million) actually lived on farms. Conversely, a majority of employed farm residents in nonmetro areas worked primarily in a nonagricultural job. Overall in 1987, one in 10 nonmetro families depended on employment in agriculture, forestry, or fishing industries as the primary source of work for the head of the family.

While there is some overlap between families that live on farms and families that depend on agricultural jobs, their experiences often are dramatically different. For example, poverty rates for families that depend on agricultural jobs are nearly twice as high as those of families that live on farms (see Chapter 3).

Migrant families

Children of migrant workers are numerous but poorly counted.

The number of children in migrant families is not reliably known. Although the Census Bureau attempts to include migrant farm workers and their families in its overall population counts, Census data do not allow identification of migrant workers or their families as separate groups.

More than 780,000 school-age children alone in migratory farm and fishing families have been identified by the interstate Migrant Student Record Transfer System in Denver, Colorado (see Chapter 7). Four of five of these children are Latino. Migrant children are presumed to live mostly in rural areas and to be overwhelmingly poor.

Female-headed families

One in five children lives in a female-headed family.

The vast majority of rural children and metro children live with both parents. But 19 percent of rural children live in female-headed families with no husband present — slightly less than the 22 percent in metro areas (16 percent in suburbs and 33 percent in central cities).

The proportion of children in female-headed families has been rising fastest in rural areas. Since 1980 the chance that a rural child lives in a female-headed family has risen by nearly one-quarter (from 15 percent to almost 19 percent). For children in metro areas that likelihood increased less quickly (by 10 percent). This reverses the trend of the 1970s, when the fastest growth was in metro areas. Economic troubles for rural America in the 1980s may have played a role in the recent increase in rural female-headed families. According to the U.S. Department of Agriculture's Economic Research Service:

Proportion of Children in
Female-Headed Families,
1970, 1980, 1990, 1991

	March 1970	March 1980	March 1990	March 1991
Nonmetro	10.3%	15.0%	18.1%	18.6%
Metro	12.2	20.4	21.9	22.5
City	18.9	31.1	32.5	32.8
Suburb	7.6	13.5	15.1	15.9

> *The sharper rural decline in the prevalence of a married couple raising children may in part be a reflection of the decrease in men's earnings in rural areas during the decade, which may have increased family stress and the likelihood of divorce for married couples and possibly reduced the importance of marrying for single mothers.*

For black children, rural residence makes little difference to family status — 52 percent in rural areas lived in female-headed families in March 1991 versus 56 percent in metro areas (47 percent in suburbs, 60 percent in cities).

Among Latino children, 20 percent of rural children lived in female-headed families, compared with 26 percent of metro children (19 percent in suburbs, 31 percent in central cities).

Among white children, 14 percent of rural children lived in female-headed families, compared with 16 percent of metro children (22 percent in cities, 13 percent in suburbs).

Family size

Rural families are no larger than metro families.

Despite stereotypes of rural families with many children, current differences in family size between rural and metro areas are small. Overall, rural families are actually a bit smaller than other families. The average rural family in March 1991 had 3.11 members, compared with 3.20 in both central cities and suburbs.

About one-half of families in both rural (51 percent) and metro areas (52 percent) include children younger than 18. In those families, the number of children per family is the same (1.85 children in March 1991) in rural and metro areas. Lifetime fertility rates for rural and metro women with any children also are about the same: in June 1988, the average rural woman age 35 to 44 who had ever given birth had borne 2.5 children, compared with 2.4 in metro areas.

But rural women are substantially more likely to become mothers in the first place and to do so at an early age. One in three rural women (33 percent) gives birth before age 25, compared with one in four women in metro areas overall (including 20 percent in suburbs, 30 percent in central cities). Counting mothers and nonmothers together, total fertility rates of rural women age 35 to 44 in June 1988 were one-seventh higher than in metro areas.

In the past, experts' explanations for higher rural fertility rates often emphasized the economic usefulness of having children to help with work on the farm. Today, the greater fertility of rural women mostly reflects their higher rates of first-time childbearing relative to metro women, rather than larger family size, and apparently results from major differences in abortion rates, rather than differences in rates of pregnancy.

Demographers Glenn Fuguitt, David Brown, and Calvin Beale, in their 1989 book *Rural and Small Town America*, stated: "Metropolitan and nonmetropolitan women appear to have been having a very similar overall incidence of pregnancies resulting in either abortion or live birth. They have differed widely, however, in the extent to which they have chosen to abort the pregnancies or carry them to term." The ratio of abortions to live births, these authors note, was two to three times higher in metro than nonmetro areas in 1984. Nearly 70 percent of rural women of childbearing age in 1980 lived in a county that had no abortion facility, compared with 13 percent of metro women.

Racial composition

A larger proportion of rural children than metro children are white.

Eighty-five percent of rural children are white (as of March 1991), compared with 78 percent in metro areas. The racial make up of children in rural areas is more like the suburban portion of metro areas than central cities. Twelve percent of rural children are black versus 9 percent in suburbs and 30 percent in cities.

There is huge regional variation. In the South, one in four rural children is black. In other regions of the United States, only 1 or 2 percent of rural children are black.

Disproportionately few rural children in the nation are Latino (4 percent). In the West, however, Latino children account for 13 percent of rural children. Moreover, the Latino proportion might be even larger in the West if it were not for the unusually large size of certain California counties. Large stretches of agricultural and nonurbanized land in California (where many farmworker and other Latino families live) are considered to be metropolitan suburbs, rather than rural, because they are located in vast counties that also encompass a metropolitan-sized city and so qualify as metro counties.

The most recent tally of Native American or Asian American children in rural areas is the 1980 Decennial Census. It showed that nonmetro areas contained a majority (about 310,000) of Native Americans younger than 18, but a disproportionately small number of the Asian and Pacific Island children (just 95,027).

Racial and Ethnic Profile
of Children
by Type of Community,
March 1991

	White	Black	Latino
Rural	85%	12%	4%
Metro	78	17	14
Cities	64	30	20
Suburbs	87	9	10

Racial and Ethnic Profile
of Rural Children by Region,
March 1991

	White	Black	Latino
All Regions	85%	12%	4%
Northeast	97	2	1
Midwest	96	1	1
South	73	26	4
West	90	1	11

NOTE: Rows may not sum to 100 percent: Latinos may be of any race (most Latino persons also are counted as white in Census Bureau data), and data for races other than white and black are unavailable from annual Census Bureau surveys due to inadequate sample size.

Shrinking population

The rural population continues to shrink as suburbs spread.

The proportion of Americans living in rural areas has declined steadily throughout the nation's history. As recently as 1900, two-thirds of Americans

(67 percent) lived in nonmetropolitan counties. By 1950 the rural proportion had fallen to 44 percent, and it has continued to fall rapidly since, reaching 22 percent by March 1991.[1]

Central cities consistently have had about one-third of the population since 1950, while suburbs have increased their share from 23 to 47 percent of the total.

The population has become less rural in several ways. Rural residents have migrated (and foreigners have immigrated) to existing metro areas. This caused rural America to gain population more slowly than metro America in every twentieth century decade except the 1970s, and many individual rural counties lost population.

While migration explains why rural areas have not kept up with metro growth, another factor — the creation of new metro counties — is responsible for the absolute *decline* in rural population. About once a decade, the Census Bureau updates its list of metro and nonmetro counties. This update reflects the rise of new metropolitan-sized cities and the expansion of existing suburbs into places previously considered rural.[2]

From 1950 to 1991, as a result of these updates, land covered by metro counties more than doubled (from 6 to 16 percent of total national land area). Had today's metro bounds been in place since 1950, the rural population count would have grown by one-fifth during these four decades. Instead, because of the expansion of metro boundaries and contraction of nonmetro boudaries reflected in the updates, rural areas *lost* 18 percent of their population between 1950 and 1991.

People are leaving the most isolated rural counties; rural areas overall are losing their best-educated youths.

The size of the rural population is affected by births, deaths, expanding metropolitan boundaries, and people moving. Some of the most revealing data on population change concern movement into or out of rural areas:

- People are moving into rural counties that are next to metro counties. From 1986 to 1988 these counties gained population at a rate of 0.32 percent a year from net migration.
- Rural counties that are not adjacent to metro counties have been losing population from migration, at a rate of 0.55 percent a year from 1986 to 1988.

Such migration patterns have had only a small effect on the total number of people in rural America in recent years, especially compared with expanding metropolitan boundaries. However, migration does substantially affect rural demographics and what types of rural counties people inhabit.

Warns demographer William O'Hare, in a report issued by the Population Reference Bureau, "those leaving in the largest numbers are young adults and the better educated — people most needed to revitalize rural economies." *More than one-third* of the net population loss in rural areas between 1986 and 1987 was among young adults ages 18 to 24. Adults with at least some college education left nearly four times as fast as those with no college. More than half of the net loss among post-college-age adults (older than 25) was among those with at least one year of college education. Adults with four years of college left even faster — nearly five times as fast as those with no college. As explained in Chapter 7, these migration patterns contribute to the lower education levels of rural adults.

Economics helps explain why many young people move out. Rural counties that had been heavily dependent on mining or farming employment lost population from 1980 to 1990, as declines in these industries forced many to look elsewhere for employment. At the same time, rural retirement destinations and, to a lesser degree, rural counties dependent on manufacturing gained population. The economic circumstances that contribute to rural migration are discussed further in Chapter 2.

In a particularly unfortunate cycle, the loss of talented young workers because of a lack of job opportunities in turn makes many rural areas less attractive for businesses that require highly skilled labor. This loss leaves rural areas especially vulnerable in an era when job opportunities for less skilled workers are dwindling and threatens to perpetuate a cycle of rural economic underdevelopment. Rural areas that depend on low-skill employment will continue to suffer from low income, a limited tax base for financing public education, and a continuing exodus of academically talented students.

Chapter 2

The Rural Economic Landscape

Rural families face a daunting economic landscape. Unemployment levels now are higher in rural areas than in metropolitan areas. Earnings per rural job are lower. There is a large and growing gulf between rural and metro earnings.

Because services and manufacturing rather than agriculture are now the largest rural employers, the same economic changes that have shaken the metropolitan economy have hit rural areas as well. Global competition has displaced many workers who once held manufacturing jobs, while rapid changes in work place technology have made it difficult for less educated workers to find employment in any industry.

Rural areas are hit doubly hard. First, manufacturing jobs in these areas tend to be in the shrinking category of "low-tech" manufacturing. Second, local rural economies frequently rely heavily on one plant or industry, which leaves them more vulnerable when that plant shuts down. Rural workers who lost their jobs in the 1980s, as a result, had an even harder time finding new jobs than metro workers did. Nationwide, dislocated workers who did find new jobs in the 1980s typically took major pay cuts relative to their old jobs, and for rural workers these cuts tended to be even deeper. All of these problems for workers contribute to lower incomes for rural families and higher rates of poverty for rural children (see Chapter 3).

Rural employment and earnings measures are almost uniformly below metro levels, and during the 1980s the rural/metro gaps generally widened. The following findings, collected by the Corporation for Enterprise Development in Washington, D.C., summarize the economic crisis facing rural communities:

- The rate of long-term rural employment growth is roughly one-third the metro rate, with only 11 states recording stronger rural than metro employment growth.

- Rural long-term earnings growth is roughly two-thirds the metro rate, with only nine states recording higher earnings growth in rural areas than in metro areas.
- Rural earnings per worker are roughly two-thirds what urban workers earn, with only three states having higher earnings in rural areas than in metro areas.

Many of the problems in the rural economy are linked to the history of low educational and social investment in many rural areas. As discussed in this chapter and Chapter 7 on education, the low education and skill levels of the work force in many rural areas appear to be key hurdles as these areas attempt to modernize, adapt to economic change, and provide a better life for their children.

Unemployment

Unemployment in rural areas was lower but is now higher than in metro areas.

During the 1980s, unemployment for the nation as a whole shot up in two severe recessions, then receded for the remainder of the decade. Although the unemployment rate for the nation edged up again in 1990 (the first year of a new economic recession), the national rate was still just below its 1979 level.

However, the recovery of the 1980s helped rural areas significantly less than metro areas. While metro unemployment was lower in 1990 than it was 11 years earlier, rural unemployment was higher. The rural unemployment rate formerly was lower than the metro unemployment rate but is now slightly higher. An average of 1.6 million rural residents during 1990 (including more than 500,000 parents) searched for work and were unable to find it.

Annual Unemployment Rate

	Rural	Metro	Difference
1990	5.9%	5.4%	0.5%
1989	5.7	5.2	0.5
1983	10.1	9.4	0.7
1979	5.7	5.8	-0.1
1979 to 1990:	+0.2	-0.4	+0.6

Unemployment Rates of Nonwhites

	1979	1990	Difference
Rural	11.1%	11.9%	0.8%
Metro	11.3	10.1	-1.2

Unemployment Rates of Young Adults
Ages 16 to 34

	March 1980	March 1988	Difference
Rural	7.1%	7.8%	0.7%
Metro	6.7	5.8	-0.9

SOURCE: William O'Hare and Anne Pauti, *Declining Wages of Young Workers in Rural America*. Washington: Population Reference Bureau, 1990.

For nonwhites, as for all races, rural unemployment rates have remained higher than they were in 1979, while metro unemployment has declined substantially.

Similarly, a study published by the Population Reference Bureau found unemployment among young adults (younger than 35) increased in rural areas but decreased in metro areas between 1980 and 1988. The status of young workers is an important signal of the employment outlook for young families. Nationwide, a majority (62 percent) of parents with children younger than six are themselves younger than 35. Children younger than six have borne the brunt of the upsurge in child poverty during the 1980s, absorbing three-fourths of the increase in the number of poor children from 1979 to 1989.

Rural workers also have been more likely to suffer employment problems that are not reflected in the regular unemployment statistics. In the 1970s and 1980s, according to analysts with the U.S. Department of Agriculture, "nonmetro areas were more heavily affected by involuntarily shortened work weeks, and a higher percentage of nonmetro workers became discouraged from looking for work than was true of metro workers."

Unemployment Rates, 1990

	Rural	Metro	Difference
Official	5.9%	5.4%	0.5%
Adjusted*	9.4	7.9	1.5

* Unemployment rate adjusted to include discouraged workers and half of the workers employed part time for economic reasons.

SOURCE: U.S. Department of Agriculture, Economic Research Service.

Unemployment Rates for all Workers, by Race and Ethnicity, 1990

	Rural	Metro	City	Suburb
Total	5.9%	5.5%	6.7%	4.6%
White	5.3	4.6	5.2	4.3
Black	12.0	11.2	12.5	8.8
Latino	10.0	7.9	8.3	7.4

Unemployment Rates of Parents by Race and Ethnicity, 1990

	Rural	City	Suburb
All Races	4.7%	6.0%	3.6%
White	4.3	4.6	3.4
Black	8.7	11.1	7.0
Latino	8.4	7.3	6.5

NOTE: Unemployment rates of parents refer to husbands, wives, and single family heads, in families with related children younger than 18.

Another sign of the tough rural labor market is evidence that displaced workers in rural areas have a harder time getting back on their feet. A recent study by the Economic Policy Institute found that displaced rural workers not only are more likely than their metro counterparts to lose their jobs as the result of economic upheavals, but they also suffer longer periods without work. Even when they succeeded in finding a new job, according to the study, they still typically suffered a loss in earnings of 12.3 percent compared with their previous job — contrasted with a loss of 5.2 percent for those in large urban areas.

Rural unemployment is comparable to unemployment in inner cities when racial differences are factored out.

Unemployment rates for all races combined are lower in rural areas (5.9 percent in an average month in 1990) than in central cities (6.7 percent). By race, however, rural rates approach city rates. In all areas, blacks suffer much more unemployment than do whites. High rates of black unemployment combine with the geographic concentration of black Americans in central cities to make the overall central city unemployment rate substantially higher than the overall unemployment rate for rural areas.

Further, among Latinos (who may be of any race), the unemployment rate is far higher in rural areas than in central cities.[1]

For parents, too, differences in unemployment between rural areas and cities are generally small among whites and Latinos. Black parents in rural areas do have substantially lower unemployment rates than their counterparts in cities — although, due to the dominance of low-wage jobs in the rural South, these lower unemployment rates do not translate into lower rates of poverty for rural black children (see Chapter 3).

Earnings

Rural pay is lower in every field, and the rural/metro pay gap is growing.

Even more serious for most rural families than higher rural unemployment rates are the lower earnings paid rural workers by comparison with metro workers. The low pay levels in rural areas (an average of 73 cents per rural job for every $1 paid by a metro job) are reflected in every type of industry.

Earnings per job are falling, leaving the metro/nonmetro gap at its largest point in years.

The rural/metro earnings gap is not only large, it is growing. Nonmetro earnings per job lost 7 percent of their value (adjusting for inflation) from 1979 to 1988 while metro earnings per job grew by 2 percent. As a result, in 1988 the gap between rural and metro earnings per job reached its largest point since at least 1979.

It is more difficult for rural parents and other adults than for those in metro areas to find jobs that will generate a reasonable income. Among men in rural areas with full-time, year-round work in 1990, 21 percent (one in five) had total incomes of less than $15,000, compared with 18 percent in cities and 12 percent in suburban areas. Among rural women with full-time, year-round work, 43 percent (nearly one-half) had total incomes of less than $15,000, compared with 28 percent in cities and 23 percent in suburban areas.

The rural/metro wage gap also has contributed to a widening gap in total family income. Median family income for rural families dropped 1 percent from 1980 to 1990, while it rose 6 percent in metro areas. Median family income in rural areas in 1990 was:

- $28,272 for all races, or 75 percent of the comparable metro figure;
- $29,693 for whites, or 74 percent of the comparable metro figure;
- $15,677 for blacks, or 68 percent of the comparable metro figure;
- $19,061 for Latinos, or 80 percent of the comparable metro figure.

The current rural median income actually is slightly lower than it was more than 20 years ago in 1969 ($28,426 in inflation-adjusted 1990 dollars).

Earnings of young workers started lower in rural areas and fell faster, doubling the metro/rural earnings gap in eight years.

In recent years, some of the worst economic setbacks for children in this nation have occurred in families headed by young adults. Nationwide, the median

Average Annual Earnings per Job, 1988

	Rural	Metro
All Industries	$17,409	$23,679
Goods Producing	20,310	29,892
Manufacturing	22,955	32,436
Construction	21,256	28,276
Mining	29,998	32,742
Farming, forestry, and fishing	13,409	14,610
Service Producing	14,867	21,415
Transportation and utilities	28,117	32,340
Wholesale trade	21,034	31,341
Retail trade	10,815	13,425
Services	15,133	21,893
Finance, insurance, and real estate	11,692	23,079
Government	18,870	23,944

SOURCE: U.S. Department of Agriculture, Economic Research Service.

Average Annual Earnings per Job^2
(Inflation-adjusted 1988 $)

	Nonmetro	Metro	Nonmetro as a percentage of Metro
1988	$17,301	$23,679	73%
1987	17,409	23,444	74
1986	17,530	23,421	75
1985	17,639	22,980	77
1984	17,254	22,788	76
1983	16,637	22,561	74
1982	16,988	22,307	76
1981	17,538	22,374	78
1980	17,510	22,667	77
1979	18,613	23,230	80

incomes of young families (headed by someone younger than 30) with children plummeted between 1979 and 1989 by more than one-fourth. At the same time, the poverty rate of such families rose from 16 percent to nearly 30 percent. And because children of such young parents usually are quite young, these setbacks affected many of society's most developmentally vulnerable children.

The fate of children in young families — whether rural or metropolitan — depends largely on the earnings of the young workers who head them. Yet, according to a study by the Population Reference Bureau, between 1979 and 1987 the average yearly earnings of young workers (ages 16 to 34) started lower in rural areas, and fell faster, than in metro areas. This pattern held up for full- and part-time workers, regardless of gender and race.

The earnings of young rural workers dropped 13 percent during the eight-year period, from $11,992 to $10,490 (in 1987 dollars). Meanwhile, the yearly earnings of their metro peers crept up, increasing from $14,103 to $14,254. By 1987 the metro figure was 36 percent greater than the rural figure, compared with 18 percent in 1979, marking a doubling of the metro/rural gap.

Average Earnings of Young Workers Ages 16 to 34, 1979 and 1987

(constant 1987 $)

	Metro			Rural		
	1979	1987	Change	1979	1987	Change
Total	$14,103	$14,254	+1%	$11,992	$10,490	-13%
Full time*	22,011	21,352	-3	19,088	16,795	-12
Part time	6,829	6,186	-9	6,098	4,751	-22
Male	17,514	16,820	-4	15,327	12,914	-16
Female	10,211	11,440	+12	8,051	7,776	-3
White	14,428	14,665	+2	12,224	10,789	-12
Black	11,723	11,433	-3	9,302	7,888	-15

* Full-time, year-round.

SOURCE: Population Reference Bureau.

The report also examined hourly wages and found that more than half of young workers in rural areas (57 percent in 1987, compared with 46 percent in 1979) earned hourly wages that would be inadequate to support a family of four above the poverty line even if the worker worked at that wage rate full time, year round (40 hours a week, 50 weeks a year). By comparison, 41 percent of young workers in metro areas earned such low wages in 1987, up from 37 percent in 1979.

Health insurance

Rural Americans are less likely to receive employer-based health insurance.

Jobs for parents and family members are important to children not only because of the income they provide but also because of the health insurance that goes along with many jobs. Employer-provided health coverage is the major source of health coverage for children in the United States. Many (but by no means all) employers pay much or all of the health insurance premiums for workers and (less frequently) their dependents. Because health insurance has become so expensive, this is the primary way that low- and moderate-wage workers can get health coverage for themselves and their families. But rural jobs fall short when it comes to health coverage.

- Only 27 percent of all rural residents (versus 32 percent of metro residents) received any employer-provided health insurance in 1990 through their own current or past employment.

- Fifty-six percent of rural residents (versus 62 percent of metro residents) received any employer-provided health insurance in 1990 through their own current or past employment or that of a family member.

(See Chapter 5 on Health for more extensive discussion of health benefits.)

Economic downturns

The rural economy has been hurt by problems in key industries.

In some ways, the problems facing rural areas look increasingly like those commonly associated with the more depressed side of metropolitan economies. This process began with the growing convergence of rural and metro job mixes. As researchers at the Economic Policy Institute summarized:

> *Over the last few decades, the rural economy has become more dependent on manufacturing and services, and less dependent on natural resource-based industries such as agriculture and mining. As a result, rural workers have become more vulnerable to the recent rapid shifts in trade and technology that have led to widespread job loss during both expansion and recession years of the 1980s.*

Service-sector and manufacturing jobs together now account for more than four of five jobs in rural areas.

Rural areas remain more dependent than metro areas on goods-producing industries. Each of the major industry sectors central to the rural economy suffered in the 1980s, triggering a widespread rural crisis. According to Kenneth Deavers, a rural expert with the U.S. Department of Agriculture, "rural economic performance has been closely tied to the performance of...agriculture, energy, natural resource development and, more importantly, durable goods manufacturing....The 1980s have seen a substantial decline in all these dominant rural sectors, thereby turning rural economic distress from a local or regional problem to one of national scale."

Distribution of Jobs by Industry, 1987

	Rural	Metro
Total	100.0%	100.0%
Service-Producing Jobs	65.3	77.6
Goods-Producing Jobs	34.7	22.4
Manufacturing	17.4	14.6
Farming	8.7	1.1
Construction	5.4	5.4
Mining	1.7	.5
Other Goods-Producing	1.5	.8

Global trends in the way companies do business also may put the rural economy at increasing risk. As Agriculture Department researcher David A. McGranahan warns:

> *Other things being equal, industries and firms dealing with volatile or unestablished markets, rapid technological change, or other conditions requiring innovative responses will favor metropolitan locations, where they have ready access to information, specialized skills, and professional expertise. Industries and firms operating in relatively stable conditions, with routine production technology and established markets, have less need of face-to-face relationships with information sources and experts and are more suited to smaller towns in remote areas.*

As the national economy grows more "volatile" and subject to "rapid technological change," nonmetro families increasingly are being left out.

Nonmetro residents are not alone in lacking access to economic stability and prosperity. Rather, they share the predicament of millions of inner-city residents and other Americans who have been left out for reasons of residence, race, poor education and skills, chance, or other barriers to success in the new and changing job market.

Education

Much of the rural disadvantage is related to poor education.

Many studies of rural economies find poor educational and skill levels to be a prime barrier to economic expansion, particularly in the South. In North Carolina, a heavily rural state dominated by manufacturing, 60 percent of all firms surveyed by researchers at North Carolina State University reported problems finding employees with adequate technical skills. More than one in three firms had problems finding employees who could even read adequately. By comparison, fewer than 20 percent of businesses reported they were constrained from expanding by inadequate roads, waste disposal problems, or other infrastructure problems. Labor quality questions also ranked above labor cost, capital supply, access to markets, and access to technology as major barriers to expansion.

For rural communities in need of jobs, the economic impact of low education and basic skill levels can be devastating. MDC, Inc., a South Carolina research firm, notes the case of a western Pennsylvania manufacturing company that relocated to the rural South in the early 1980s in search of cheaper land and labor and lower taxes. The plan backfired when the company could not recruit 100 local workers with adequate education. The plant manager explained:

> *Children coming out of the [public] schools here don't have even rudimentary skills. Often job applicants take as long as two hours to fill out a simple job application. And the finished forms frequently resemble the work of young children....*
>
> *We need our employees to have the basic skills, to do simple mathematics and follow [written] instructions...but we are dealing with a work force that is virtually illiterate.*

The plant manager estimated that worker productivity per hour was at least "twice as high back in Pennsylvania." As a result, MDC reports, the firm hired only one-fourth the planned number of workers at the rural plant, and instead chose to expand its original plant in a Pennsylvania suburb.

The Southern Growth Policies Board has studied the relationship between education and economic growth throughout the rural South. It found high school and college completion and adult literacy levels are strongly related to employment growth, per capita income, and unemployment:

> *The keys to economic development 20 years ago, according to most developers, were location, location, and location. In the 1980s, the new keys according to most developers are education, education, and education....*
>
> *Today's work requires greater knowledge and higher order skills prior to on-the-job training. [Businesses] give more weight to availability and quality of both educational institutions and the local labor force when choosing sites in which to expand or invest.*

Past job-development and educational strategies (or the lack thereof) in a number of rural states dictated the rural educational shortfalls. "The recent decline in the economic fortunes of southern rural counties can be attributed at least in part to past neglect of and underinvestment in education," finds the Southern Growth Policies Board, contrasting present economic needs to the "not-so-distant past, when most jobs could be learned readily on the job and when too few businesses valued education."

Economic development researchers at North Carolina State University took a similar view: "The low skill/low wage labor force was an asset in the transition to an industrial economy, but it will be a distinct liability in the future." According to the researchers, new patterns of global competition leave just two options for job development in some rural areas — upgrade to a higher skill labor force, or lower wages drastically to compete directly with the Third World:

> *It is practically inevitable that future jobs will require a more highly trained work force. Unless North Carolina wages fall even further to compete with the poor countries of Latin American and Southeast Asia, state development policy is in trouble.*

Chapter 3

Child Poverty in Rural America

The image of poverty today is mostly urban. Recall a poor American child pictured on television or in the newspaper and the image that comes to mind usually includes a background of littered pavement and boarded windows, fenced-in schoolyards, or a crowded infant ward in the city hospital.

Such images capture only a fraction of child poverty. The type of poor children portrayed most often in the media — those living in the poorest "ghetto" neighborhoods of the nation's 100 largest cities — account for less than one-tenth of all poor children.

Only one-quarter of poor families with children younger than 18 occupy moderately poor to very poor urban neighborhoods ("poverty areas") within the several hundred metropolitan central cities designated by the Census Bureau. Another one-half of poor families with children are scattered across the remainder of metropolitan areas, in urban and suburban neighborhoods outside the central city poverty areas.

One-fourth (25 percent) of poor children live outside metropolitan areas altogether. In 1990 there were 3.4 million poor children living with their families in rural America, and 13.4 million poor American children overall.[1]

Where Poor Children Live, 1990

	All Children		Poor Children	
	Number (1,000s)	%	Number (1,000s)	%
U.S. Total	65,049	100.0%	13,431	100.0%
Rural	14,890	22.9	3,416	25.4
Metro	50,158	77.1	10,016	74.6

Rural areas have higher child poverty rates than metro areas. If rural children had the same poverty rate as metro children, there would be fewer than 3.0 million poor children in rural areas instead of 3.4 million.

Poverty Rates by Age, 1990

	Younger Than 18	Younger Than 6 (in Families)	Older Than 18
U.S. Total	20.6%	23.0%	11.0%
Rural	22.9	26.7	13.9
Metro	20.0	22.0	10.1
Cities	30.5	33.1	15.0
Suburbs	13.3	14.5	7.1

By age, poverty is especially widespread among younger rural children. The rural/metro gap in poverty rates is especially pronounced for this vulnerable age group. Of all rural children younger than six, 26.7 percent were poor in 1990 (compared with 22.0 percent in metro areas).

Rural children, like all American children, are far more likely than adults to be poor. And black and Latino children are far more likely than white children to be poor, whether in rural or metro areas.

Because of the low and falling rural wages discussed in Chapter 2, poor rural families are especially likely to be among the working poor. Contrary to some stereotypes about the poor, a majority of all poor families in the United States (57 percent) had at least one member who worked in 1987. But in rural areas, an even larger proportion of poor families (65 percent, or nearly two-thirds) were poor even though one or more family members worked.

Poverty Rates of Children by Race and Ethnicity, 1990

	White	Black	Latino
Rural	18.4%	52.5%	40.7%
Metro	15.0	43.2	38.2
Cities	23.1	47.4	43.5
Suburbs	11.3	34.0	31.4

NOTE: Latinos may be of any race. Most Latinos also are counted as whites.

Rural child poverty by region

Despite an overall narrowing of regional poverty differences in recent decades, some marked differences remain. Rural children in the South still have the highest poverty rate. Nearly 1.9 million children in the rural South — about 29 percent — were poor in 1990.

The region with the next highest child poverty rate for rural children was the West, with about 20 percent poor. Close to 500,000 poor children (485,000) lived in rural parts of the West. The Midwest, with its large rural population, contained an even greater number of poor rural children (850,000) but the rate was slightly lower — 18 percent of the total.

By race, the South was again the poorest region. Among southern white children, one in five (19.9 percent) was poor in 1990. There were more poor white children (934,000) than poor black children (894,000) living in the rural South.

Number of Rural Children in Poverty by Race, Ethnicity, and Region, 1990
(1,000s)

	Northeast	Midwest	South	West
Total	231	850	1,851	485
White	224	766	934	412
Black	1	14	894	13
Latino	*	8	127	101

* Sample size too small to calculate a reliable rate.

But the poverty rate of black children in the rural South (54.0 percent) is much higher than the white rate, and much higher than the rate for black children living in any other part of the nation, with the sole exception of black children in midwestern central cities (55.0 percent). Those were the cities hit hardest by the deindustrialization of the 1980s.

Poverty Rates of Rural Children by Region, Race, And Ethnicity, 1990

	Northeast	Midwest	South	West
All Races	16.4%	18.4%	28.7%	20.2%
White	16.4	17.2	19.9	19.0
Black	*	*	54.0	*
Latino	*	*	45.8	37.6

* Sample size too small to calculate a reliable rate.

Increasing poverty

Rural child poverty is much higher than in the 1970s.

Child poverty rates in rural areas skyrocketed in the early 1980s and show no sign of returning to their lower 1970s levels. Since 1981 rural (like metro) child poverty rates have stayed well above even the worst rates of the 1970s.

In the late 1960s and 1970s, the rural child poverty rate hovered between 16.6 and 20.2 percent. Then, during the years influenced by the double recession of the early 1980s, this rate soared by two-fifths — from 17.3 percent in 1979 to a high of 24.2 percent in 1983 (the highest point since 1969, when continuous records of rural child poverty begin). During the economic recovery of the late 1980s, the rural child poverty rate declined slowly (to about 21 percent) and the gap between rural and metro child poverty rates narrowed somewhat, but the rural rate still remained far above what it was in the 1970s.

Poverty Rates of Children in Families

	Nonmetro	Metro
1990	22.2%	19.2%
1989	21.3	18.3
1988	21.2	18.3
1987	23.1	19.0
1986	24.2	18.4
1985	23.7	19.0
1984*	n.a.	n.a.
1983	24.2	20.5
1982	23.3	20.3
1981	21.7	18.5
1980	19.4	17.1
1979	17.3	15.3
1978	16.7	15.2
1977	17.6	15.1
1976	17.3	15.1
1975	19.6	15.4
1974	18.1	14.2
1973	16.6	13.1
1972	18.3	13.3
1971*	20.2	12.7
1970	19.9	12.2
1969	19.1	11.2

* Nonmetro and metro designations change. Data for 1985 onward are not precisely comparable to previous years. Poverty comparisons for years before and after 1984 are complicated by a major update in the Census Bureau's list of rural counties. Starting with data for 1985, the Census Bureau updated its list of rural counties based on the results of the 1980 Decennial Census. This major adjustment caused about 30 percent of previously rural children to be redesignated as metropolitan. No nonmetro data were calculated for the crossover year 1984. Because of the update, data on numbers of rural poor children before and after 1984 are not strictly comparable. However, rural poverty rates are roughly comparable. The Center on Budget and Policy Priorities has studied the data and estimated that the overall rural poverty rate increased due to the update but the size of this increase was less than 1 percentage point. Other studies confirm that the apparent worsening of economic conditions in rural areas was not just a result of the Census Bureau's adjustment. These studies found that economic conditions, as measured by unemployment and by per-capita income, worsened faster for rural counties than metro counties between the late 1970s and the middle 1980s, based on a fixed list of rural counties (one not affected by the Census Bureau adjustment).

Two things seem indisputable. First, rural child poverty rates have been consistently higher than those in metro areas for more than 20 years. Second, by the late 1980s and beginning of the 1990s rural child poverty was far worse than it was in the middle and late 1970s. This worsening trend, which occurred despite a record-long economic recovery in the 1980s, parallels trends among metro children and reveals the declining effectiveness of economic growth in helping rural children and families climb out of poverty.

A particularly useful way to examine child poverty trends is to look at years that mark similar points in the national economic cycle. Comparing the last three peaks of economic growth (1973, 1979, and 1989) shows that child poverty rates rose from 16.6 percent in 1973 to 17.3 percent in 1979 to 21.3 percent in 1989. In other words, with every turn of the economic cycle, child poverty in rural (like metro) areas is getting worse. This represents an ominous trend for the long-term future of rural children.

In 1990 rural child poverty rates shot up again as a result of a new economic recession. In both rural areas and metro areas, the rural child poverty rate increased by nearly one percentage point over the previous year. The rural child poverty rate was higher in 1990 than at any point between 1969 and 1981.

Declining wages

A key cause of rising rural poverty is the nationwide trend of wages that decline when compared with inflation.[2] Nationwide, according to the 1991 annual Economic Report of the President, average U.S. weekly wages (in "real," or inflation-adjusted, 1982 dollars) plummeted from $315 in 1973 to $260 in 1990 — their lowest point since 1957. Real weekly wages fell during five of the seven economic recovery years of the 1980s, an unprecedented instance of wages falling during an economic expansion. Real hourly wages (in 1982 dollars) lost $1 nationwide, dropping from $8.55 in 1973 to $7.54 in 1990. In rural areas annual pay per job fell 7 percent from 1979 to 1988 — in contrast to metro areas where real wages per job edged up by 2 percent — and young workers' earnings dropped even faster (see Chapter 2).

As a result of declining wages, the poverty rate of rural families with at least one worker rose by one-third (from 8.0 percent to 10.7 percent) between 1979 and 1987. The poverty rate of working families actually increased faster than the poverty rate of rural families overall (which rose by one-fourth, from 10.9 percent to 13.7 percent) during the same period.

Inadequate government help

A second key culprit is the decline in the proportion of families lifted out of poverty by government cash benefit programs. The value of welfare benefits has been driven downward by the effects of inflation and government cutbacks in the past 20 years, particularly in the states with the most rural children, with predictable results for the number of poor children. In 1979 nationwide, government cash benefits lifted out of poverty one of five families with children in which family income (not counting the government benefits) was below the poverty line. This proportion dropped to just one in 10 by 1987 and appears to have changed little since then (see Chapter 4).

Female-headed families

A third factor is the increase in female-headed families. Female-headed families are at high risk of poverty because they lack a second earner and because of the historically lower wages paid to women. Yet, while some people have blamed recent growth in child poverty chiefly on the increase in female-headed families, the increase is far from a full explanation, either in rural or in metro areas. In fact, even if there had been *no* children in female-headed fam-

Poverty Among Native American Children

More than half of all Native American children lived in rural areas, according to the latest available census data (1979), making them the most rural children by race. Second only to blacks, Native American children are among the poorest children in rural America. Of the 305,000 Native American children who lived in rural areas in 1979, 38 percent lived in poverty — double the poverty rate of rural non-Native American children (18 percent) that year.

Poverty rates were even higher for the roughly 165,000 Native American children who lived on reservations and tribal trust lands, particularly in the West and Midwest. On several large reservations, more than half of the Native American children were poor.

- Fifty-three percent of 60,000 Native American children on the Navajo reservation and Navajo tribal trust lands in Arizona, New Mexico, and Utah were poor in 1979.
- Fifty-five percent of the nearly 10,000 children on South Dakota's Pine Ridge and Rosebud (Sioux Indian) reservations and affiliated trust lands were poor.

Native American child poverty rates in 1979 also exceeded the U.S. rural average in Alaska Native Villages (where 34 percent of Eskimo ilies, the dramatic increase in the rural child poverty rate from 1979 to 1989 would hardly have slackened. The poverty rate of all rural children rose by 23 percent from 1979 to 1989. It rose almost as rapidly, by 22 percent, for rural children with a father present. Overall, the nation's child poverty rates in those years actually grew slightly faster among children with fathers present.

Working poor

It is unlikely that decreased interest in working caused the rise in child poverty in rural (or metro) areas. The proportion of poor rural families that contained at least one working member barely changed (edging up from 63 to 65 percent) between 1979 and 1987, indicating no decline in the willingness of the poor to work. Nationwide, the proportion of poor families with at least one worker was 59 percent in 1979 and 57 percent in 1987.

children, 29 percent of American Indian children, and 20 percent of Aleut children were poor) and in former reservation districts in Oklahoma (where 31 percent of Indian children were poor).

Widespread poverty on American Indian reservations accompanies a host of related problems: unemployment rates on reservations more than double the national rate (16.7 versus 6.5 percent in 1990), a weak private economy on many reservations, and lack of education (fewer than half of the adults ages 25 or older had finished high school and only 4 percent had finished college). Native American infants suffer a postneonatal death rate (deaths between 28 days and one year of age) that is one and a half times the rate for whites. Deaths in this period generally are considered preventable, and a high postneonatal death rate is a reminder of the extensive poverty and geographic isolation facing Native American children.

At least one study has concluded that the special economic problems on reservations are due primarily to arbitrary political and economic structures that do not take account of tribal traditions. So, on one resource-rich Montana reservation where ineffective tribal government and poor economic stewardship by federal officials resulted in 60 percent unemployment, Harvard researcher Manley Begay blames a centralized tribal government structure (written into the tribal constitution by federal officials in the 1930s) that clashed with a tradition that respected decentralized decision making. By contrast, when political and economic structures match tribal traditions, tribal governments have been strong and reservations have flourished.

Proportion of Poor Families with At Least One Worker in 1987

	Any family member worked*	Family head worked full time, year round
Rural	65%	20%
Metro	54	17

* Includes part-time and part-year work.

Cost of living

Rural living is not much cheaper than living in metro areas.

The federal government defines poverty the same way nationwide and does not adjust for local differences. As a result, some people make the mistake of thinking that poverty is easier to endure in rural areas, or that the poverty line is too "high" to serve as a good gauge for rural poverty. Metro residents may imagine that prices are lower in rural areas than elsewhere, or that rural families grow much of their own food, making life at the poverty line more tolerable.

In fact, although precise comparisons are difficult, the costs facing low- and moderate-income families with children living in rural areas appear to be surprisingly similar to the national average.

The U.S. Department of Agriculture's Family Economics Research Group has published estimates of the cost of raising a child in 1989 for all U.S. families and for families living in very rural areas (nonmetro counties, excluding towns of 2,500 or more; the estimates did not look at rural counties overall). The estimates cover the costs of housing, food, transportation, clothing, health care, education, child care, and other goods and services related to raising children.

For items other than housing, the Agriculture Department estimates suggest that the annual cost of raising a child for low-income families living in very rural areas ($2,950) is virtually identical to the national average ($2,990, a difference of about 1 percent).

Even when housing costs are included, the figures show very rural families spend only about one-tenth less than the national average to raise a child. Housing expenditures for low-income families come to 28 percent less per year ($1,118 versus $1,555). However, even this difference is in part an illusion, explained by rural families' greater likelihood of living in substandard housing, as demonstrated by federal housing surveys (see Chapter 8).

Lower incomes in rural America rather than lesser needs may also make the cost of housing and other items look misleadingly low when measured by expenditures. Agriculture Department analyst Linda Ghelfi has found that most of the lower expenditures of rural households in Wisconsin were due to their lower incomes (lower standards of living) and to the higher proportions of elderly residents and homeowners with paid-off mortgages. Although these factors lower the apparent cost of living by reducing the average rural household's spending, they do not affect the actual cost of raising and adequately supporting a child.

Like some big cities, some rural areas are costly places to live. Some rural residents must pay more for transportation (including car, gasoline, car maintenance, and, if a family lacks a car, paying others to provide rides). In the absence of sewage, water, and gas lines, rural families may also need a private cesspool, water well, or special heating and cooking fuel.

Access to food

There is no abundance of farm food for the rural poor.

Metro residents may also believe that rural life means plenty of food is at hand when money runs low because families live on farms or farm crops are readily available. Yet surprisingly few rural poor children and families today even live on farms, or have access to such resources, as described in Chapter 1. Poor farm residents accounted for an estimated 4 percent of the nonmetro poor in 1990 (1.0 percent of the poor nationwide).

Even families that reside on their own farms rarely live on what they grow. "The typical farm family no longer has a poultry flock, or a fruit tree," says Calvin Beale, senior Agriculture Department specialist in rural demographics. "They may have a vegetable garden, but after that, most of them buy their milk and chickens at the grocery store just like us."[3]

Families in poor rural communities may actually pay more for food than consumers in metro areas. A recent study by the food and health policy organization Public Voice found that residents of poor rural counties lack easy access to supermarkets and must rely instead on small "mom and pop" stores that tend to have higher prices and fewer choices than do urban supermarkets. Public Voice visited 33 randomly selected low-income rural counties and purchased food determined by a weekly food plan (the Thrifty Food Plan) that cost $75 in 1989 according to government estimates based on prices in urban supermarkets. However, in poor rural counties Public Voice reported the cost of the foods was $102 — more than one-third higher.

For the bulk of today's rural children, especially the poor, it is clear that visions of living off the land no longer apply.

The role of farms and agriculture

Although much of the 1980s was marked by brutal hardship for children living on farms, poverty rates for these children and their families have been lower than for rural areas overall since 1987, a year that marked an easing of the farm crisis.

Combined with the decline in family farming and the aging of the farm population, this means that farms account for a shrinking portion of rural child poverty. In part because so many poor families have left farms, only one of 20 poor rural families with children lived on a commercially active farm in 1990.

Although children living on farms account for a small share of rural child poverty, 200,000 farm children were poor in 1987, and more than 100,000 additional farm children stand to be thrown into poverty if farm poverty rates return to mid-1980s levels. Moreover, there is reason to suspect that many of the poorest rural children have connections to farming — their parents work other people's farms or hold other agricultural jobs. The poverty rate for rural families headed by an agricultural worker exceeded the rural average by one-third and was double the poverty rate for families who lived on farms. One in five poor rural family heads who worked in 1987 held farming, forestry, or fishing jobs. A study of persistent poverty by analysts Peggy J. Ross and Elizabeth S. Morrissey found one in three persistently poor rural family heads who worked in 1981 (33 percent) held jobs in farming or farm management.

Poverty Rates of Children and Families with Children

Families with children

	Farm	Nonmetro
1990	13.5%	18.9%
1989	12.6	17.7
1988	16.2	18.4

Children in families

	Farm	Nonmetro
1987	18.6%	23.1%
1986	28.5	24.2
1985	29.8	23.7
1984	n.a.	n.a.
1983	32.2	24.2
1982	29.3	23.3
1981	28.7	21.7
1980	24.0	19.4
1979	20.3	17.3

NOTE: Data on poor farm children are unavailable after 1987. Data on poor farm families with children are unavailable for 1987 or before.

Extreme poverty

Two-fifths of all young rural children with single mothers live on family incomes of less than half the poverty level.

Fully 1.4 million rural children had family incomes below one-half of the federal poverty threshold in 1990. These extremely poor rural children made up close to one of 10 rural children (9.3 percent) and a sizable portion (41 percent) of the *poor* rural children.

Living at half the poverty line in 1990 meant having a family income of less than $6,680 for a family of four or $5,209 for a family of three. Per month, this amounted to incomes of less than $557 for a family of four or $434 for a family of three.

Some groups of children were even more likely to suffer such extreme poverty. Fifty-seven percent of rural children in female-headed families were poor in 1990. But nearly one in three rural children in female-headed families experienced the extreme deprivation of living below half the poverty line. About 40 percent of young children in female-headed families — two out of five — lived below half the poverty line in both rural areas and central cities.

The Poorest Rural Counties

Despite all the public discussion of the poor urban "underclass," the very worst concentrations of child poverty in the nation occur in rural areas. Child poverty rates exceeded *50 percent* in 28 counties nationwide, according to the 1980 Decennial Census (county-level poverty data from the 1990 Census are not yet available). All 28 counties are rural. The counties are clustered in four places:

- The Mississippi Delta (including parts of Mississippi, Louisiana, and Arkansas) and the southern "black belt." In these 21 counties 53 to 82 percent of the population is black.
- Two Appalachian mining counties in Kentucky. These counties are more than 98 percent white.
- Three Sioux Indian reservation counties in South Dakota.
- Two Texas counties along the Mexican border. One of these counties is 97 percent Latino. The other is 22 percent Latino and three-fourths non-Latino white.

Low education levels are a common factor in all of the 28 poorest counties. In most of the counties, fewer than half of the adults had finished high school. The highest education levels occurred on the Indian reservations where slightly more than half of adults in each county had finished high school.

Extreme Poverty Among Children, 1990

Percent of All Children Below Half of Poverty Level

	Total	In Female-Headed Family	Younger Than 6 in Female-Headed Family
Rural	9.3%	29.7%	40.2%
Metro	8.7	27.2	36.3
City	13.8	31.9	40.0

One-third of all rural black children live on family incomes of less than half the poverty line.

Rural black children face perilous risks of living in families with incomes below half the poverty line. The chances of experiencing such extreme poverty was far worse for rural black children in 1987 than for black children living in central cities.

In 1987 there were 1.8 million black children in rural America and more than 500,000 of them lived below half of the poverty line. Extremely poor black children made up a shocking 32.6 percent of *all* black rural children and 57 percent of *poor* black rural children.

Extreme Poverty Among Children in Families, by Race, 1987

Percent of All Children Below Half of Poverty Level

	Black	White
Rural	32.6%	7.0%
Metro	20.9	5.6
City	23.4	9.3

Long-term poverty

Rural children suffer more than their share of long-term poverty.

Like depth of poverty, a second crucial factor for poor families is how long they are poor. The family that suffers a dramatic one-year drop in income may have more resources to fall back on than the family that has been poor for many years. Children are more likely to suffer serious cumulative effects from poverty if they have been poor for several years.

Data collected by the University of Michigan's Panel Study of Income Dynamics (PSID) indicate that rural children are unusually likely to suffer long spells of poverty. Rural children who become poor are more likely than metro children to remain poor for at least three years, according to PSID tabulations conducted by researchers Peggy J. Ross and Elizabeth S. Morrissey. Among children who were ever poor during the five years from 1978 to 1982, 43 percent of the rural children stayed poor for three years or more, compared with 38 percent of the metro children.

Rural children who live in female-headed families are at extreme risk of such persistent poverty. Among children in female-headed families who were ever poor between 1978 and 1982, 80 percent of those in rural areas stayed poor for three years or more, compared with just 47 percent in metro areas.

Researchers Terry Adams and Greg Duncan note that children are a large portion of what they call the "long-term" poor. This is true in both rural and metro areas. Using the PSID, they find that children make up most of the "long-term" poor people living in rural households with a non-elderly, non-disabled head — 57 percent of the whites and 59 percent of the blacks. Adams and Duncan defined "long-term" poverty as having family income that averaged less than 125 percent of the poverty threshold over a 10-year period.

Minority poverty

For black children, poverty rates are even higher in rural areas than in cities.

As defined by the Census Bureau, each metropolitan area contains at least one central city, plus the surrounding suburbs. In general, central cities have much higher poverty rates than do metro areas overall. Yet child poverty rates in rural areas as well as cities far exceed those in suburbs. Twenty-three percent of children in rural areas and 31 percent in central cities were poor in 1990, compared with 13 percent in suburban areas.

For black children, however, the chances of being poor is higher in rural areas than in central cities. More than half — an astounding 53 percent — of black rural children were poor in 1990. This exceeded even the very disturbing 47 percent poverty rate for black children living in central cities.

For Latino children, rural poverty rates approached those in central cities. For white children, rural poverty rates were slightly lower than in cities.

Like poor blacks in central cities, the black rural poor are isolated from non-poor peers.

Much attention has been paid recently to the concentration of poor minorities in high-poverty neighborhoods of inner cities. Concentration of poverty and its flip side — isolation of the poor from middle-class peers — are of growing concern to some analysts, who fear that poor inner-city residents have faced a severe erosion of contact with positive role models, supportive institutions, influential community spokespersons, access to jobs, and other benefits of having middle-class neighbors.

In the 1980s analysts pointed to the growing proportion of poor blacks who lived in poverty areas (census tracts with poverty rates of 20 percent or more)

(continued on page 48)

Job Creation in Minnesota

For thousands of rural children with unemployed parents, the best route out of poverty is a job with an adequate wage. Yet since 1981, when former President Ronald Reagan and Congress eliminated employment programs under the Comprehensive Employment and Training Act (CETA), the United States has had no large-scale public job creation policy to help the unemployed.

In the mid-1980s hard economic times drove one state with a sizable rural population to create its own innovative and popular jobs program — one that focused on helping small businesses expand to create permanent jobs at decent wages for workers who previously had depended on public assistance.

Starting in 1983 the Minnesota Employment and Economic Development (MEED) program gave participating employers a six-month wage subsidy (up to $4 an hour and $1 an hour in fringe benefits) for hiring eligible workers who were unemployed and either were ineligible for unemployment or workers' compensation or had exhausted their benefits. In return, private sector employers were expected to retain MEED employees for at least a full year after the wage subsidy ended. If MEED employees were laid off sooner, emmployers were required to hire a new MEED employee or pay back the original subsidy to the state.

The sponsors of MEED originally anticipated that a high percentage of its jobs would be in the public sector. To the surprise of many, MEED generated strong interest and support from the private sector, which provided three-fourths of all MEED jobs in the program's later years.

Rural businesses in the northern part of the state were among the most enthusiastic participants. Virtually all private employers in these rural areas were small businesses. Statewide, as well, more than 50 percent of firms had just five employees or fewer. Many employers viewed the program as a training opportunity — a buffer for the employer during a training period when new employees might not yet be sufficiently productive to cover their wages.

Proponents stress that MEED should be seen as an economic growth strategy, not solely as an income maintenance program (although about half of MEED workers were former public assistance recipients). For small, rural businesses MEED's wage-subsidy approach may be especially helpful for several reasons. For example, unlike business tax credits such as the federal Targeted Jobs Tax Credit, the MEED approach gives small businesses additional working capital for expansion when they need it rather than requiring them to wait a year to file taxes. And also unlike a business credit, it's available to the many small businesses that don't make a profit during their critical start-up years, and so do not owe taxes for the year.

MEED was administratively simple. The Department of Jobs and Training administered the program through local service delivery agencies. To receive the wage subsidy, MEED workers helped the business fill out a very simple form and the local agency identified three appropriate MEED candidates to interview for the job. MEED also provided some funds to assist employees with job search, transportation, and child care.

MEED was popular with both employees and employers. According to a survey of Minnesota employers, MEED:

- Created thousands of new jobs that would not have existed otherwise (more than 55 percent of the employers indicated that they would not have expanded without MEED);
- Assisted very small businesses in overcoming barriers to expansion such as the costs associated with training new workers and start-up costs;
- Helped a variety of different types of businesses, including a significant 22 percent that were manufacturing firms.
- Provided jobs for the neediest of the unemployed; and
- Encouraged low turnover and the creation of long-term jobs (86 percent of the employees who completed the six-month wage subsidy period were still working two months after the subsidy ended).

Although the state legislature had created MEED as a short-term anti-recessionary measure, it recognized the program's popularity and continued to fund MEED far longer than originally planned, finally allowing the program to expire in 1989.

For further information, contact Luanne Nyberg at the Children's Defense Fund Minnesota Office, (612) 227-6121, or Kristine Jacobs at the Jobs Now Coalition, (612) 290-0240. The address of both organizations is 550 Rice Street, Saint Paul, MN 55103.

inside Census Bureau-defined central cities. Seventy-four percent of poor central-city blacks were isolated in these high-poverty neighborhoods in 1988 — up from 58 percent in 1979. The proportion subsequently declined to 67 percent in 1990.

Yet poor rural blacks are just as likely as poor city blacks to live in poverty areas. Sixty-eight percent of rural blacks lived in poverty areas in 1990. (A rural poverty area is defined as a township, district, or other local political unit with a poverty rate of 20 percent or more.)

Child Poverty Rates

		Younger than 18	Younger than 6
1990			
	U.S.	20.6%	23.0%
	Rural	22.9	26.7
	Metro	20.0	22.0
	City	30.5	33.1
	Suburb	13.3	14.5
	Rural		
	Two-parent	14.0	17.4
	Single mother	56.8	70.4
	Rural		
	Northeast	16.4	18.3
	Midwest	18.4	21.8
	South	28.7	34.4
	West	20.2	21.2
	Rural		
	White	18.4	22.0
	Black	52.5	58.1
	Latino	40.7	39.5
1979			
	U.S.	16.0	n.a.
	Rural	18.7	n.a.
	Native American	38.2	n.a.
	White	14.4	n.a.
	Black	46.1	n.a.
	Latino	31.4	n.a.

n.a. - Not available.

NOTE: 1979 data are from the 1980 Decennial Census, the most recent available source of poverty rates for Native American children. Data for 1979 are for related children in families (excludes children who do not live with family members and teenage parents living with their children).

Conclusion and recommendations

Whether in rural or metropolitan areas, increasing rates of child poverty can be linked to three major trends: economic changes, including declining wages, that have hit all parents hard, in particular younger parents and those with less education; the decreasing effectiveness of public safety net programs in lifting families out of poverty; and to a lesser degree the changes in divorce rates and out-of-wedlock childbearing (which, in part, are driven by economics) that have left too many children with the support of only one parent. To attack child poverty effectively in this country, all of these underlying causes must be attacked through initiatives that benefit all children — urban, suburban, and rural. At the same time, rural children need targeted initiatives and program improvements that recognize their families' special problems, such as isolation from social service agencies and metropolitan job opportunities.

Providing for children's basic needs is the primary responsibility of families. Children cannot thrive, and poor children cannot escape poverty, without the nurturing and hard work of their parents. To fulfill their responsibilities, parents need a strong economy that provides jobs with decent pay. And they need the support of business, religious congregations, the private nonprofit sector, and community groups, particularly in rural communities where families' isolation makes these support networks essential.

But the efforts of nuclear families and private organizations cannot succeed without strong public policies that help families to do their part. Too often our society gives the least assistance to needy families with children, for whom there is no minimum national floor of support — only an underfunded patchwork of programs, most of which serve a small minority of the poor.

We must instead make a national commitment to ending child poverty and providing all children, including rural children, a fair start in life.

1. To help provide basic economic security to *all* American families with children, Congress should pass a refundable tax credit — a modest basic amount per child, available through the tax system to every family with children either to reduce taxes or to be paid to the family if it has no tax liability to offset. States should consider enacting their own refundable child tax credits.

2. Congress should support working poor families by expanding the Earned Income Credit (EIC), which helps working families with children through the tax system, and by raising the minimum wage. States should create or raise their own higher state minimum wage levels and should help low-income working families through the tax system by creating or expanding tax credits and state dependent care tax exemptions. Businesses should encourage employees to take advantage of the advance payment option of the federal EIC, which supplements eligible employees' monthly paychecks at no cost to the employer.

Most poor children, urban and rural, live in families in which someone is employed during the year. But because of low wage rates in rural areas, poor rural children are even *more* likely than urban children to live in working poor families. Taking steps to improve wages and create and expand programs such as the EIC that assist these families is especially important to rural children.

3. States and counties should strengthen child support enforcement efforts to ensure that every child has the support of both parents. For example, prompted in part by evidence about children's circumstances in rural Appalachian counties, the Ohio legislature recently passed legislation to make it easier for a father to acknowledge paternity, a prerequisite for child support enforcement. In the past, an unmarried father in Ohio had to make a court appearance to establish paternity, even if he was willing to do so voluntarily and in writing. The need to go to court meant missed work time for the father, court costs for the county, and many children without established paternity when fathers refused to go to court. Now, a court appearance is only necessary when paternity is contested.

4. Coupled with strengthened child support enforcement, Congress and the states should implement child support assurance programs. These programs aggressively pursue support from absent parents but also use public funds as a fallback to ensure that a child does not suffer from the parent's inability or unwillingness to provide support, by guaranteeing a family a minimum child support payment even when the absent parent is earning very low wages or does not pay on time.

5. Because of the duration of unemployment and the sheer lack of jobs in many of the nation's rural areas, new approaches to job creation are particularly important to rural families.

   Congress and the states should target assistance to out-of-work rural parents by supporting job creation and business development efforts along the lines of the Minnesota Employment and Economic Development program operated by the state in the 1980s (see box, page 46). This politically popular wage subsidy program helped employers (often small, just-starting rural businesses with limited cash flow) to expand by hiring long-term unemployed workers. The program limited the wage subsidy to six months, ensured that firms would keep workers after the subsidy ended, and, according to advocates, resulted in thousands of new jobs.

6. Congress and the states should enact paid parental leave legislation to ensure that families do not suddenly lose economic support during the critical period of infancy.

   In all families, rural and metropolitan, the absence of supportive parental leave policies forces parents to choose between the loss of income — and, sometimes, a job — and the stress of leaving a child during the critical early weeks and months of infancy, when quality child care may be unavailable. For rural families, these choices are especially difficult, given the large number of rural mothers in the work force, the severe shortages of quality child care (see Chapter 6), and the transportation problems created by long distances between home, child care, and job.

At a minimum, Congress and each state should protect parents and their newborn children from loss of employment by enacting legislation to ensure unpaid family leave. Pending family leave legislation, every business should enact on a voluntary basis family leave policies for its employees.

7. Congress and the states should improve the safety net for rural families as recommended in Chapter 4.

Chapter 4

Public Cash and Food Assistance for the Rural Poor

Many poor children in rural families do not receive government assistance to alleviate their poverty. For those who do, the level of assistance is frequently well below what is offered in metropolitan areas and is even more woefully inadequate to meet a child's basic needs.

Rural children are among the large number of low-income American children who need stronger cash income assistance, food stamps, and related benefits such as housing assistance and health care. Yet the families of these children must navigate a maze of eligibility restrictions, confusing forms and intake procedures, delays before aid is given, eligibility appointments that conflict with work, and a lack of information about who may receive benefits.

Rural children receive less government help compared with children in metro areas. This chapter examines why this happens. Transportation problems caused by distance from government offices and the lack of public transportation in rural areas are compounded by government policies that limit access to aid. Poor rural children are more often ineligible for cash benefits, for example, because they are more likely to live in two-parent families or have parents who work. Or they may be denied because welfare programs make it difficult for a family to receive aid if it owns a car with any value, even in remote areas with no alternate transportation. Children also may be denied aid because rural states tend to have tighter welfare eligibility standards, so a rural family must be poorer before it can get aid, even though living costs resemble those in metro areas.

Assistance programs for the poor *can* reduce the poverty rate substantially nationwide and soften the effects of poverty for children. In 1979, for example, government cash benefits reduced by nearly one-fifth (18.9 percent) the number of families with children in the United States who would have been poor in the absence of benefits. Yet by 1987, inflation, legislated cuts, and the failure to adjust programs to respond to economic and social realities had sliced the impact of these programs in half: government benefits lifted out of poverty only 10.5 percent of poor families with children nationwide. Since 1987 the federal government has changed the way it calculates the effectiveness of government income transfers, so these numbers cannot be updated consistently to 1990, but recent data suggest there has been little or no improvement in those three years.[1]

AFDC

The majority of poor rural children do not receive AFDC.

The nation's primary cash aid program for poor families with children is Aid to Families with Dependent Children (AFDC). Some 7.3 million American children lived in families that received AFDC benefits during an average month in FY 1989.

Yet fewer than 47 percent of rural poor families with children received AFDC or related benefits such as state general assistance for even one month in 1990. This proportion is far lower than in cities, where roughly two-thirds of poor families received cash aid. Not only are rural families less likely to receive assistance, but those who do get benefits receive much less.

Poor Households Receiving AFDC or General Assistance, 1990

	Number (1,000s)	As Ratio to Poor Families with Children*	Average Amount Received in 1990**
Rural	700	46.8%	$2,825
Metro	2,467	59.0	3,908
City	1,703	67.4	3,955
Suburb	764	46.2	3,804

* The figures in this column are ratios of poor households receiving benefits to all poor families with children. A very small number of recipient households (approximately 3 percent of the total) have no children. If these childless households (recipients of state general assistance) could be excluded, the figures in this column would be even lower.

** Among recipient families.

Rules that tend to exclude two-parent families from welfare disproportionately hurt rural children.

Federal law excludes families with children from receiving AFDC if both parents are in the home, unless one parent is incapacitated or the primary worker is unemployed or underemployed (working less than 100 hours a month). Two-parent families that work more than 100 hours a month cannot receive AFDC at all — regardless of how poor they are.

Congress recently took steps to expand AFDC coverage for two-parent families. Until recently, states could choose even whether to cover unemployed two-parent families, and half did not do so. Federal law now requires all 50 states to offer AFDC for at least part of the year to two-parent families with an unemployed parent, under a program called AFDC-UP.

But even when one parent is unemployed or underemployed, complicated and narrow AFDC-UP eligibility rules continue to bar many two-parent families from receiving aid. For example, not only must the family's main earner currently be working fewer than 100 hours per month, but he or she must document a history of past employment that includes either: six or more quarters of work in any period of 13 calendar quarters ending within one year prior to application for AFDC-UP, or eligibility to receive unemployment compensation within one year prior to application for AFDC-UP.[2] These work history rules act as a special barrier to young families since many low-income young adults move back and forth among school, work, and unemployment for a number of years. The complexity of these rules makes it difficult for parents to understand and document their eligibility for AFDC-UP. The rules sometimes have counterintuitive results, adding to parents' confusion. For example, a parent who was employed consistently in March and April during each of the past several years would meet AFDC-UP's work history requirement, but a parent who consistently worked in April, May, and June might not — despite having worked more months — because the work covered fewer calendar quarters.

Partly as a result of complicated and narrow eligibility rules and application procedures, as well as lack of knowledge about the program, few children in two-parent families receive AFDC or related assistance. A poor child in a female-headed family had more than double the chances of receiving public assistance in 1990 as a child who lived in a married-couple family — 69 percent versus 28 percent. Only about one in nine children who received AFDC in 1989 lived with two parents.

The absence of AFDC benefits for most two-parent families is a special problem for rural poor children because they are considerably more likely to live in such families: half of them (49 percent) lived in two-parent families in 1990, compared with one-third (35 percent) of metro poor children. The work patterns of rural two-parent families may be another barrier: rural poor families are more likely to have full-time work, but two-parent families generally cannot qualify for AFDC benefits if the principal breadwinner is working more than 100 hours a month.

The recent federal change mandating AFDC-UP in all states will have only a modest impact on two-parent families. In the past, states with AFDC-UP often served only small numbers of families under the program. Although 28 states had an AFDC-UP program in 1989, in half of these states AFDC-UP cases accounted for less than 5 percent of the total AFDC caseload. Many states may continue to serve only token numbers of two-parent families under AFDC-UP.

Other AFDC eligibility rules disproportionately hurt rural children.

Several other federal and state eligibility rules particularly limit access to AFDC for poor rural children. The rules discussed here affect children throughout the nation, but tend to hurt rural children disproportionately.

First, federal rules make it difficult for poor families that own a car to qualify for AFDC if the equity value of the car (the resale value minus any amounts owed) is more than $1,500. This provision is of special concern to rural families. Lack of public transportation in rural areas virtually necessitates owning a vehicle to do such basics as food shopping and getting to work. Families that own a second vehicle worth more than $1,000 cannot receive AFDC at all — even if they need the second vehicle so that a second family member can get to work.

Second, basic income eligibility rules facing rural families tend to be tougher. All states have set very low limits on the income of families who receive AFDC. But rural families typically must be poorer than metro families to qualify for AFDC. The average poor rural family lives in a state that requires a three-person family on AFDC to have no more than $671 a month in income (as of January 1991). For the average metro poor family this figure is $769, or 15 percent higher.[3]

AFDC benefit levels do not meet rural children's needs.

The AFDC program is run cooperatively by federal and state governments. Under this arrangement, states have power to set AFDC benefit amounts.

Unfortunately, many states choose to set benefit levels far below what a family needs to get by. Rural children are especially unfortunate because they are concentrated in the states with the lowest AFDC benefits. For example, Mississippi, a very rural state, provided a maximum payment of just $120 per month in January 1991 for a family of three with *no* other income, making it the least generous state in the nation. Mississippi's maximum benefit came to just 14 percent of the federal government's 1990 poverty level for a family of three. By contrast, California and parts of New York State offered benefits equal to about 80 percent of the poverty line.

Nationwide:

- The average poor rural family lives in a state that has a maximum AFDC benefit in January 1991 of just $311 a month for a family of three with no other income.[4]
- This amount represents a mere 36 percent of the federal government's poverty line for a family of three.

- By comparison, the average poor metro family lives in a state that offers a maximum AFDC benefits of $413 a month for a family of three. This amount is still extremely low, equaling just 48 percent of the poverty line, but it is one-third higher than the figure for the average poor rural family.[5]

AFDC benefits are appallingly low primarily because they have been losing ground to inflation for decades. Rural benefits have lost even more ground.

Since 1970 the maximum AFDC benefit available to an average poor rural family lost 40 percent of its value after adjusting for inflation, compared with a 36 percent drop for the average poor metro family.

Maximum Monthly AFDC Benefits Available to the Average Rural or Metro Poor Family, January 1991

(Benefit levels for a family of three)

	Rural	Metro
Benefit	$311	$413
As a percentage of poverty line	36%	48%
Percent change since 1970 (inflation-adjusted)	-40%	-36%

NOTE: Benefit levels in this table represent a "weighted average" of each state's benefit level, weighted according to the number of nonmetro or metro poor families living in the state at the time of the 1980 Decennial Census. A weighted average differs from an ordinary average, in which each state benefit level is counted equally and which therefore does not reflect the population differences in various states.

SOURCE: Benefits data are from Ways and Means Committee, U.S. House of Representatives. Population weights for nonmetro and metro poor families are from the U.S. Census Bureau. Calculations by the Children's Defense Fund.

In many states, the entire AFDC grant does not even cover the cost of rent for a decent apartment. This is even more true for rural children, because they tend to live in the states with the lowest benefits. A greater proportion of rural children (57 percent) than metro children (50 percent) who received AFDC lived in states where the entire amount of the maximum AFDC grant for a family of three was less than the cost of a modest two-bedroom rental unit.[6]

The less generous benefit structure in heavily rural states (possibly in combination with a higher level of earnings among rural public assistance recipients) helps explain why rural families who receive AFDC or general assistance have annual payments that are only about two-thirds of the average for metro recipient families ($2,598 versus $3,773 in 1990).[7]

Rural families receive a rising proportion of AFDC funds, but still only get half of the metro average.

In 1988 some $2.7 billion worth of federal and state AFDC benefits were paid to needy families in rural areas, or about 15.9 percent of AFDC payments nationwide. For several years the rural portion has risen modestly but steadily, starting from 11.9 percent in 1973.[8]

This increase in the rural portion is surprising, considering that AFDC benefit levels have fallen more rapidly in the most rural states. The rising share of AFDC payments going to rural areas is explained in part by a substantial drop in overall earnings per job in these areas (7 percent from 1979 to 1988, adjusting for inflation), while earnings per job rose slightly in the rest of the nation. As rural areas lost income from employment, more families became eligible for AFDC and previous AFDC recipients became eligible for larger benefits. As a result, AFDC and other benefits replaced a small part of the lost

Food Assistance Programs Miss Rural Children

Rural poor families face special barriers to participating in government assistance programs. The Food Research and Action Center (FRAC) documented many of these barriers as they relate to food stamps and other federal food assistance programs. In 1987 FRAC surveyed 27 Legal Services offices and 19 anti-hunger organizations, commissions, and agencies that serve the rural poor. Survey respondents told FRAC:

> "A total of 40 Texas counties, more than 15 percent of those in the state, do not have a food stamp office...some persons may have to travel upwards to 50 miles to apply for public assistance benefits."
>
> As an Arkansas respondent noted: "This is a rural area — there are no buses. Many persons have to pay someone to drive a 100-mile round trip only to be refused to be seen if they are 15 minutes late."
>
> According to another survey respondent, "Clients receiving $10 to $15 in food stamps sometimes have to pay that much to get to the office."
>
> An Idaho respondent noted: "Extensive verification requirements often require applicants (as well as recipients) to make repeated long distance telephone calls and trips that they can ill afford."
>
> And from an attorney in Minnesota: "Many low-income people in our service area (some of whom are farmers or

income from earnings. In addition, metro AFDC payments may also have been reduced relative to payments in rural areas due to the bureaucracy (longer lines, more lengthy paperwork, more lost files on clients) in city welfare offices.

In total — combining the effects of lower AFDC benefits and the smaller proportion of families that participate in the program at all — rural poor families receive just half of what metro poor families receive. Administrative spending records for 1988 show that an average of $1,936 in AFDC benefits were paid per poor rural family with children — or just *half* of the comparable figure of $3,683 in metropolitan areas.

> recent ex-farmers) are too embarrassed to apply for (or use) food stamps, and the result is that these people either go without the food that they need or rely on our already over-burdened food shelves to get them through particularly lean times. Outreach and education on the part of food stamp personnel could go a long way toward reducing the stigma associated with food stamp use."

In addition to the food stamp program, the federal government operates several smaller food assistance programs for poor families with children, including the National School Breakfast Program, the Special Supplemental Food Program for Women, Infants, and Children (WIC), the Summer Food Program (for summer schools and camps), and the Child Care Food Program.

For each of these programs, survey respondents identified similar barriers faced by rural families. Distance from the administering office, lack of public transportation, time involved in travel, and lack of outreach plague food stamps, WIC, and the Summer Food Program Participation rules decrease the numbers of program recipients for the food stamp, Child Care Food, and School Breakfast programs.

Some programs require Head Start agencies, summer camps, or other institutions to sponsor and oversee the programs locally. Inability to find an eligible sponsor means many rural communities are unable to use the Summer Food Program and the Child Care Food Program. Respondents also reported that many rural schools do not participate in the National School Breakfast Program due to the added rural transportation that would be needed to bring participating students to school earlier in the morning, as well as "a prejudice against providing a meal children should eat at home."

Food stamps

Food stamps are an effective but underused resource.

Because government rules for food stamps place fewer restrictions on eligibility than do cash assistance programs for the poor, needy families with children in rural areas are more likely to receive food stamps than any other type of assistance. Even so, 37 percent of all rural children living below the poverty line in 1987, and 42 percent of poor metro children, lived in families that failed to receive any food stamps for even one month, according to a study by the U.S. Department of Agriculture's Economic Research Service.

Families use food stamps to purchase healthy food critical to children's nutrition and development. A Department of Agriculture survey of children ages one to five living in low-income families in 1985 (with incomes below 130 percent of poverty) found that families using food stamps had higher nutritional intakes than other low-income children in 15 out of 16 nutritional categories. But the survey found that only 40 percent of low-income rural children received any food stamps, compared with 65 percent in central cities and 46 percent in the suburbs.

As is the case with other benefit programs, rural families often cannot make use of food stamps because of serious transportation problems. In a survey of Legal Services offices and other state and local organizations that work with low-income rural families, conducted by the Food Research and Action Center, respondents from across the country cited repeated instances in which burdensome distances, lengthy travel times, and lack of public transportation made reaching a food stamp office prohibitively expensive or difficult (see box on page 58).

In addition to transportation problems, rural poor families may face other barriers to food stamp participation because of work. Low-income working households (which are disproportionately rural) are unlikely to get food stamps, even when they are eligible. Sixty percent of all eligible households receive food stamps but only 37 percent of eligible working households do. One of the reasons eligible households do not use food stamps is that they do not know they are eligible, according to the Center on Budget and Policy Priorities' report, *Fulfilling Work's Promise: Policies to Increase Incomes of the Rural Working Poor*. Some apparently believe they must receive AFDC benefits or be jobless to qualify.

During the 1970s the federal government addressed such misunderstandings by requiring states to conduct public information efforts to food stamp recipients and by providing partial funding for this outreach. But in 1981, the Center notes, the federal outreach requirement and funding were eliminated. Although a 1988 law restored partial federal funding for states that conduct food stamp outreach, few states have chosen to take advantage of the funds.

Another way states can help poor rural families with transportation difficulties is to allow families to apply for food stamps by mail. Existing federal law allows and requires states to accept mail-in food stamp applications. But in practice, despite the federal requirement, states generally do not allow most families to apply by mail.

Combined AFDC and food stamp benefits are inadequate.

Families that receive AFDC usually qualify for food stamps, too. Yet, even counting the equivalent cash value of food stamps, poor families on AFDC receive wholly inadequate incomes. The maximum combined AFDC and food stamp benefit available to the average poor rural family in January 1991 would equal just two-thirds of the poverty line for a family of three (compared with a still-inadequate three-fourths of the poverty line for an average metro family).

Social Security

Social Security helps many poor children, but families with low earnings get less.

Surprisingly, the most effective cash benefit for poor children in the United States comes not from a means-tested welfare program but, rather, from Social Security. Many people think of Social Security mainly as a program for the elderly. But Social Security's payments to the families of retired, deceased, and disabled workers are more substantial than benefits from other programs and lift more families with children out of poverty than all other government cash transfer programs combined.

Yet, because the amount of these payments is linked partially to the insured worker's earnings record, rural families are at a disadvantage in the Social Security program. Rural jobs typically pay about one-fourth less than metro jobs ($17,409 versus $23,679 in 1988). A widowed mother and child who qualify for Social Security's survivor benefits would receive $1,018 a month if the father's wage history (average indexed monthly earnings) had equaled these average rural earnings per job. For the same family, the benefit would be $1,269 (or 25 percent more) if the deceased father had received average metro earnings.

Tax credit

The Earned Income Credit is more helpful for rural families.

The Earned Income Credit (EIC) provides significant relief to working families with children and low or moderate incomes. Including major increases approved by Congress in 1990, the EIC is projected to provide $8.3 billion in tax relief to more than 11 million such families in 1991.

Many of the features of the EIC are especially helpful for rural children. For example, the EIC, in contrast to AFDC, covers two-parent working families if their earnings are low enough (as noted earlier, rural children are especially likely to live with two parents and have parents who work). Further, there is no requirement that families make visits to a government office to receive the benefit, which can be received through an employer or directly from the Internal Revenue Service. Use of the tax system to distribute the benefit helps avoids the stigma associated with means-tested assistance (some experts believe the stigma of receiving welfare may be especially strong in rural communities).

A particularly helpful provision of the EIC allows a low-income family with little or no federal tax liability to receive a cash payment because the credit is "refundable." Moreover, this refundable credit can be advanced in the parent's monthly paycheck by the employer.

Unfortunately, many families do not or cannot take advantage of the monthly payment options. The problem may be even greater in rural areas, where more workers are self-employed and so must wait to claim a refund on their tax return filed by April 15 of the following year — a significant burden for poor workers and families with cash flow problems. Self-employment is twice as common a source of income for rural (18.9 percent) as for metro households (9.4 percent), according to the 1980 Decennial Census, in part because of rural households' greater reliance on farm self-employment.

Although self-employment may make it more difficult for rural households to take advantage of the EIC's monthly advance payment option as a way to meet their monthly expenses, the EIC remains a crucial program for assisting working poor families with children in the rural United States.

Medicaid

Medicaid fails to reach half of poor rural children.

A sudden medical emergency or chronic illness can leave any family on the brink of disaster. Medicaid is designed to reduce this risk for America's poor families.

Yet only half — 50.4 percent — of poor rural children received Medicaid in 1987, according to a study by the Economic Research Service of the U.S. Department of Agriculture. This compared with 53.4 percent of metro poor children.

The Medicaid program is discussed in greater detail in Chapter 5.

Unemployment benefits

Unemployment benefits provide crucial but declining support; economically disadvantaged rural workers face special barriers to benefits.

In theory, U.S. workers who lose their jobs are eligible to receive unemployment compensation. For families that receive these benefits, unemployment compensation provides crucial support, reducing by more than one-half (from 46 to 19 percent) the proportion of long-term recipient families with monthly incomes below the poverty line.[9]

Yet the unemployment insurance system increasingly is riddled with holes. Only 37 percent of unemployed U.S. workers actually received unemployment benefits in 1990, according to the Center on Budget and Policy Priorities — the lowest proportion on record for a recession year. The declining coverage of unemployed workers is due to a combination of program changes that reduced program eligibility for the long-term unemployed, changes in the U.S. economy that increased the proportion of long-term unemployed workers, and changes in the labor market that increased the proportion of workers with part-time and sporadic employment whom the unemployment insurance system in many cases fails to cover.

Rural workers may get even less from the unemployment insurance system for three reasons. First, workers' unemployment benefits are set as a fraction of their previous wages. As with Social Security, rural workers' lower earnings per job decreases the amount of the benefit they receive.

Second, longer spells of unemployment in rural areas may mean that more jobless rural workers have exhausted their unemployment benefits. Individuals cannot receive unemployment benefits for more than a certain period, typically six months. Yet economists at the U.S. Agriculture Department have found that a larger proportion of displaced workers in rural areas (43.5 percent, compared with 39.8 percent in metro areas) are unemployed for six months or longer.

Third, although the unemployment insurance system presently insures, in theory, about 85 percent of all workers, certain businesses are exempt by law and provide no coverage. Of special concern to rural areas is the exclusion in most states of small agricultural businesses and (in light of rural areas' reliance on self-employment) the exclusion in every state except California of the self-employed.

These factors may help explain why the Center on Budget and Policy Priorities found that unemployment insurance appears to be much more restrictive in highly rural states. In the 10 most rural states of the nation, according to data in the Center's report, only 33 percent of unemployed workers got benefits. In the 10 most metropolitan states, 44 percent of workers were protected.

SSI

Supplemental Security Income benefits are more equitable than AFDC, but some rural/metro disparities remain.

Supplemental Security Income (SSI) ensures a basic level of income for the nation's low-income elderly, blind, or disabled persons. Approximately 80,000 blind or disabled rural children were direct recipients of SSI in December 1989. An unknown number of additional rural children were helped indirectly by SSI benefits paid to an elderly, blind, or disabled parent or other relative in their home.

In both rural and metro areas, about 0.5 percent of all children are direct recipients of SSI. These proportions may increase considerably as the result of implementation of a recent Supreme Court decision that overturned the Social Security Administration's rules that unduly limited children's SSI eligibility. Past government surveys have found more than 3 percent of rural and metro children have major activity limitations, a key criterion for eligibility under the new rules. (Not all disabled children would meet SSI's family income and resource guidelines.) In addition, a 1989 change in the statute now makes it easier for families who own farms or equipment used in employment to secure SSI for a child who is disabled. This change in the law is not widely known.

Eligibility rules for SSI still may also discriminate somewhat against rural areas where there is a shortage of medical specialists and sophisticated medical technology. Among very young children, some disabilities are hard to diagnose precisely. This problem may be exacerbated in communities that lack access to medical specialists and technology. SSI rules tend to allow children younger than one in these circumstances to receive benefits. (The rules allow benefits for children who are premature and born at low birthweight or who have serious physical impairments or organ dysfunction even if the extent of the disability cannot be determined.) But children age one or older explicitly cannot receive SSI under these rules, even though children's disabilities can be hard to diagnose well after infancy and at least through age four.

SSI is quite generous by the standards of other assistance programs for the poor. Yet SSI benefit levels still only reach 86 percent of the poverty line, even when combined with the cash value of food stamps.

In contrast with the AFDC program, for which states set benefit levels, SSI's basic benefits are established federally and are uniform nationwide. However, states have an option to supplement basic SSI for recipient categories of their choosing. These state supplements lead to modest rural-metro disparities because heavily rural states are more likely to offer no state supplements at all or to exclude children from receiving the supplemental benefit.

In 1990 an estimated four of five rural poor families lived in states that would not supplement federal SSI for a 12-year-old disabled child living at home. Compared with their rural peers, metro poor families are more than twice as likely to live in a state that supplements benefits for such children. (Adults are more likely to get state supplements: slightly less than half of rural poor families and two-thirds of metro poor families lived in states that supplemented SSI for disabled adults.) Further, when rural states do supplement SSI, their benefits are less generous: the average rural poor family lived in a state that offered a supplement in December 1988 of $51 a month, compared with $83 for the average metro poor family.

Conclusion and recommendations

For many American families, the public programs that are meant to provide a safety net for children's well-being have enormous gaps. Too many parents cannot provide for their children's most basic needs — good nutrition, decent health care, clothing, and a safe and secure home — because they have been laid off, are disabled, can only work part time or at low-wage jobs insufficient to support a family, or must care for an infant or toddler at home. Yet our public programs do a worse job than those of any comparable western country of providing for the basic needs of these children and families.

Rural children face special barriers in gaining access to the public programs that do exist. Their families may not be able to travel to welfare, food stamp, or unemployment insurance offices to apply for benefits and maintain eligibility. They may be excluded from programs due to barriers to eligibility that make no sense in general and have an even harsher impact on rural families — such as rules that make it hard for working poor families or two-parent families to gain assistance, or rules that prohibit a family from getting benefits if it owns a car of even modest value. And their families are disproportionately likely to live in states that provide extremely low levels of assistance to poor families and children through the Aid to Families with Dependent Children (AFDC) program.

To ensure that all children are protected by a safety net that gives them a fair start in life:

1. Congress should immediately pass the Mickey Leland Childhood Hunger Relief Act, which provides for an increase in the now-inadequate food stamp benefit levels, raises the value of the car a family may own and still receive food stamps (a measure of special value to rural families), and eliminates the current low cap on deductions for monthly shelter expenses.

2. Congress and the state governments should take several steps to ensure that the safety net of income-support programs serves two-parent families. Poor rural children are more likely than poor children in metropolitan areas to belong to two-parent families. To reach all American children, policies must respond to both single-parent and two-parent families.

Similarly, Congress and the states should ensure that the safety net helps working poor and near-poor families — families in which a parent works but earns a wage too low to provide a child with basic necessities. Most poor children, urban and rural, live in a family in which someone works during the course of the year. But rural children are particularly likely to live in a working poor family. Therefore, public policies that respond to the needs of working poor and near-poor families are especially critical for rural children.

To help needy children in two-parent and working families:

- Congress should eliminate AFDC eligibility rules that penalize families that are employed (such as the requirement that the working parent in a two-parent family must work fewer than 100 hours per month to receive assistance); require all states to provide two-parent families with AFDC year-round (rather than half-year as current rules for the AFDC-Unemployed Parent program allow); and liberalize the treatment of earned income in determining AFDC eligibility and benefits.
- All states should create or expand family-size adjustments for unemployment benefits, which provide increased benefits for unemployed workers who have children to support.

3. Congress and the states should take a variety of steps to ensure that the special transportation needs of rural families do not exclude them from essential program benefits:

    - Congress should ensure that rural families can meet their need for basic transportation and still receive assistance. For example, a family with a car worth $2,501 or more — or a migrant family that needs both a car and a truck, together worth $2,501, so one parent can seek work while the other hauls produce — cannot receive AFDC under that program's current asset rules, even if the family is otherwise destitute. To address this problem, Congress must drastically raise or lift entirely the limits on the permitted value of cars or trucks for families that receive food stamps, AFDC, and related benefits.
    - Families should be encouraged to use the mail, whenever possible and appropriate, in applying for food stamps or communicating with the food stamp agency. All states should comply with federal regulations allowing all families to apply for food stamps by mail. The federal government should ensure that all states implement these regulations immediately.
    - States should allow and encourage mail-in applications for other programs that assist low-income families with children, such as AFDC and the Special Supplemental Food Program for Women, Infants, and Children (WIC).

- Wherever appropriate, states and service programs should advance or reimburse poor families' travel costs for reaching public benefits offices and social service, health care, and other providers.

- States and counties should better coordinate existing transportation resources for rural families. By coordinating existing transportation resources, one WIC demonstration project in rural Alabama was able to improve WIC enrollment by 25 percent and cut by approximately one-half the incidence of missed WIC appointments and unredeemed WIC vouchers.

4. Congress and the states should ensure that complex and restrictive eligibility rules and the isolation of rural families do not keep families from receiving essential benefits:

    - State and local governments and private organizations should strengthen their outreach efforts in rural communities to increase the number of eligible families with children receiving food stamps, AFDC, the Earned Income Credit, Supplemental Security Income (SSI), WIC, and other programs. The outreach projects should find families where they are — in their homes, at churches, in community centers, at their work places — and explain who is eligible, how to obtain aid, and the benefits for a family's children of participation. Programs likely will need to address families' fears, their dislike of the public systems, and their stereotypes of those who need benefits.

    - Federal, state, and local governments should simplify and coordinate eligibility rules for government assistance. Inconsistent AFDC and food stamp rules regarding treatment of cars and other assets, as well as income, should be revised to conform to the less restrictive standard.

5. Every state should increase its AFDC eligibility level and begin to restore the AFDC benefit levels to their 1970 inflation-adjusted value. To permit low-benefit states with the most limited fiscal resources to increase AFDC eligibility and benefit levels, Congress should provide an enhanced match for states that do so. In combination with the anti-poverty measures recommended in Chapter 3 (tax credits for all children, assured child support, and other initiatives), Congress must ensure that the AFDC benefit in all states is high enough for families to provide for the basic needs of their children.

    AFDC benefit levels are very low in all states nationwide, but rural children tend to live in states with even lower benefit levels. In these states, the public safety net does little to protect children from devastating poverty. Partly as a result, a much larger share of rural than of urban poor children live in families with incomes less than one-half of the poverty level. Providing these children with basic subsistence requires raising the safety net to a decent level so that a child's ability to survive and develop does not depend on the accident of where his or her parents happen to live.

6. The Social Security Administration should revise rules for the SSI program to allow children up to age four who have hard-to-diagnose disabilities to receive SSI if they have obvious functional limitations. This will particularly benefit disabled children in rural areas that lack the medical technology and staff needed to make specific diagnoses. In addition, SSI rules should allow young children with a diagnosed condition (such as Downs Syndrome) to receive benefits up to age four even if the full extent of the disability is not yet known.

Chapter 5

The Health of Rural Children

Good health is essential to children's development and achievement, and access to comprehensive health care is one of the key factors affecting the health of children everywhere. Like all children, rural children need health care that begins before birth with comprehensive maternity care and continues throughout childhood and adolescence into adulthood. Whether the need is for basic preventive and primary care, immunizations, dental care, or care and management of complex and chronic health conditions, all children have a right to be served adequately by the medical care system.

Unfortunately, for far too many rural children and their families, a full range of readily accessible medical care is simply unavailable. Geographic isolation, high rates of family poverty, the maldistribution of private health care providers, and the difficulties inherent in extending a broad range of health services into sparsely populated and far-flung communities all contribute to the problem. Reductions and erosion during the 1980s in key programs that had an enormous positive impact on the health of rural children during the 1960s and 1970s have compounded matters. Indeed, the greatest strides in reducing the U.S. infant mortality rate during the 1960s and 1970s occurred in rural areas; but like its metropolitan counterpart, rural America experienced a stagnation in infant health improvements during the 1980s.

By and large, rural children exhibit many of the same health patterns as their metropolitan counterparts. Key health status measures of poor rural children are significantly worse than for nonpoor children, a pattern that occurs everywhere. Minority rural children, like their metro counterparts, suffer far worse health than white children.

(continued on page 71)

Births to Teens and Unmarried Women

Teenaged childbearing is slightly more prevalent in rural areas but unmarried childbearing is not. Of all rural births in 1988, 15 percent were to mothers younger than 20, compared with 12 percent of all metropolitan births that year. Twenty-three percent of all rural births (to teens and adults) were to unmarried women, compared with 26 percent of all metropolitan births.

These patterns hold true for both whites and blacks: for both races, teen childbearing but not unmarried childbearing is slightly more prevalent in rural areas. Regardless of area, a greater proportion of black than white births are to teenage or unmarried mothers.

Births to Teenage and Unmarried Mothers,
as a Proportion of All Births,
1988

	U.S.	Nonmetro	Metro
Teen Mother			
Total	13%	15%	12%
White	10	13	10
Black	23	26	22
Unmarried Mother			
Total	26	23	26
White	18	16	18
Black	63	63	64

NOTE: Data are not available for other races or for Latinos.

Births

The proportion of U.S. births that occur in rural areas has declined steadily.

Of the 3.9 million children born in the United States in 1988, 846,000 were born in rural areas. Since 1950 the proportion of all U.S. births occurring in rural areas has declined steadily, from 45 percent in 1950 to 22 percent by 1988. This decline has been particularly notable in the case of black and other nonwhite children, largely reflecting the great post-World War II migration of southern rural black families to northern industrial cities. Even by 1960, nonwhites were less likely than other children to be born in rural areas.

Births by Residence
and Race of Mother
(Numbers in 1,000s)

	1950	1960	1970	1980	1988
All Races					
U.S.	3,554	4,258	3,731	3,612	3,910
Nonmetro	1,595	1,535	1,146	922	846
% Nonmetro	44.9%	36.0%	30.7%	25.5%	21.6%
Nonwhite					
U.S.	491	657	640	714	863
Nonmetro	242	227	165	141	143
% Nonmetro	49.4%	34.6%	25.8%	19.7%	16.5%

Despite their declining numbers, rural births are particularly important to monitor because such a large proportion occur in areas without even minimally adequate primary and specialized health care resources.

Low birthweight

The proportion of rural babies born at low birthweight did not improve during the 1980s.

In 1988, 6.5 percent of all infants born in rural areas weighed less than 5.5 pounds at birth. Low-birthweight babies have an elevated risk of death and such lifelong disabilities as mental retardation; cerebral palsy; and vision, hearing, and learning disabilities. The proportion of rural infants born at low birthweight showed no improvement in the 1980s, but it was lower than the low-birthweight rate for metropolitan areas.

For white infants, however, the low-birthweight rate in 1988 was as bad or worse in rural areas than in metropolitan areas. Of rural white infants, 5.7 percent were born at low birthweight that year, compared with 5.6 percent in metro areas.

In the same year, 11.8 percent of rural black infants were born at low birthweight, a figure nearly twice as high as the overall rural low-birthweight rate. The black-to-white disparity in low-birthweight rates in 1988 stood at 2.1 to 1 in rural areas — a disparity almost as great as that nationwide (2.3 to 1).

Low-Birthweight Rates, 1980-1988
(per 100 live births)

	Rural	Metro
1988	6.5	7.0
1987	6.6	7.0
1986	6.4	6.9
1985	6.5	6.8
1984	6.4	6.8
1983	6.5	6.9
1982	6.5	6.8
1981	6.5	6.9
1980	6.5	6.9

Prenatal care

Many rural women receive insufficient prenatal care.

Prenatal care for pregnant women is critical to reducing the incidence of low-birthweight birth and infant mortality. Babies born to women who receive no prenatal care are three times more likely to die in infancy.

Unmarried and poor women are less likely to receive timely prenatal care. But regardless of marital status or poverty status, according to the most recent available data (1980), women in rural areas were less likely than their metro peers to receive timely prenatal care. In one of seven births to an unmarried rural mother in 1980, the mother received no prenatal care or received late care (beginning in the last trimester of pregnancy) — compared with one of nine births in metro areas. Among unmarried women ages 25 or older, the chances of receiving late or no prenatal care were almost twice as great in rural areas (10.8 percent) as in metro areas (5.9 percent). Married women were more likely than unmarried women to receive prenatal care that begins in the first two trimesters.

Percent of Births to Mothers Receiving Late or No Prenatal Care, 1980

	Rural	Metro
All Incomes:		
Mother unmarried	13.7%	11.1%
Mother married	3.5	2.8
Low-Income (below 150% of poverty line):		
Mother unmarried	16.7	12.5
Mother married	5.3	5.5

SOURCE: Singh, S., et al., "The Need for Prenatal Care in the United States." *Family Planning Perspective* 17, no. 3 (May/June 1985); cited in McManus, M. and Paul W. Newacheck, "Rural Maternal, Child and Adolescent Health." *Health Services Research* 23:6 (February 1989).

Low income also plays a key role. Among rural unmarried women who had a low family income in 1980 (income below 150 percent of the federal poverty level), more than one in six births occurred without the mother receiving timely prenatal care.

Infant mortality

White infants have higher death rates in rural areas than in metro areas.

In 1988 more than 8,000 infants born in rural areas died before reaching their first birthdays. The overall rural infant mortality rate of 9.8 deaths per 1,000 live births was slightly less than both the U.S. and the metropolitan infant mortality rate of 10.0.

However, this overall statistic masked key problems for rural children, including a white infant death rate that exceeds the rate in metro areas. Also, death rates for older infants (older than 28 days) are higher in rural areas than in metro areas. Moreover, the somewhat lower infant mortality rate for rural children may be an incomplete measure of infant health because it fails to take into account a greater level of fetal mortality possibly caused by inadequate access to care early in pregnancy and isolation from comprehensive sources of maternity care.

Like their metro counterparts, white infants in rural areas fare far better than black infants. The 1988 white rural infant mortality rate of 8.8 deaths per 1,000 live births was approximately half the black rate of 16.7. However, the white rural rate was higher than the white metro rate of 8.4.

Among nonwhite infants, the death patterns vary significantly. The rural black rate of 16.7 deaths per 1,000 was lower than the metropolitan black rate of 17.8 deaths per 1,000. But that marginally lower rural black rate was still appallingly high and placed rural black infants at a risk of death higher than children born in Jamaica, Bulgaria, Cuba, or Hong Kong. Other nonwhite (primarily Native American) infants in rural areas had a death rate of 9.3, close to the overall rural average of 9.8 per 1,000.

There are also racial differences in mortality patterns by place of rural birth. Overall the infant mortality rate in rural towns with populations of 10,000 or more is substantially higher in 1988 than in rural areas not part of towns. This higher death rate is entirely attributable to the elevated mortality rate for white rural infants born in towns. While this may reflect the somewhat greater level of impoverishment in rural towns, it may also reflect the tendency for rural infant or fetal deaths to occur outside of medical care settings and therefore to go unreported.

Among black infants the death rate in towns was lower than in the countryside.

Infant Mortality Rates, 1988
(per 1,000 live births)

	Rural			Metro
	Total	Towns of 10,000 or more	Other	
All Races	9.8	10.4	9.6	10.0
White	8.8	9.3	8.6	8.4
Black	16.7	16.5	16.8	17.8

The rural infant mortality rate used to be higher than the metro rate but is now lower; progress recently has slowed.

As throughout the nation, the past three decades show a pattern of two decades of notable progress in rural infant mortality, followed by a decade of relative stagnation. Overall, rural rates improved the fastest. In 1960 the rural infant mortality rate was significantly higher than either the metro or U.S. rate. By 1980, following the advent of key health programs (including Medicaid; migrant and community health centers; services initiated by state and local health agencies; the Special Supplemental Food Program for Women, Infants and Children, or WIC; expansion of regionalized hospital care into rural areas; and special health care initiatives targeted to rural areas by a succession of Presidents), the rural infant mortality rate matched the overall U.S. and metro rates and actually was better than them by 1984. However, the rate of progress slowed during the 1980s, undoubtedly reflecting high childhood poverty during the 1980s, major reductions in health programs of proven effectiveness, and the elimination or reduction of key services in rural areas such as rural emergency transport to regional medical centers, rural health clinics, and the services of state and local health agencies.

Deaths per 1,000
Live Births, Selected Years

	Total U.S.	Rural	Metro
1988	10.0	9.8	10.0
1987	10.1	9.8	10.2
1986	10.4	10.3	10.4
1984	10.8	10.7	10.8
1982	11.5	11.5	11.5
1980	12.6	12.6	12.6
1978	13.8	13.9	13.7
1976	15.2	15.7	15.0
1974	16.7	17.4	16.3
1970	20.0	21.2	19.5
1966	23.7	25.1	23.0
1960	26.0	28.0	24.9

Mortality rates of infants older than 28 days (postneonatal mortality) are higher in rural areas than metro areas, as are fetal mortality figures.

Overall infant mortality rates can mask or overlook key infant survival issues. For example, the infant mortality rate measures the number of infants who die compared with the number who are born alive. It does not normally take into account the number of deaths *in utero*. These deaths, known as fetal deaths, frequently reflect severely reduced access to care during pregnancy, particularly for women with complex pregnancies who require greater than normal levels of care.

In 1988 the overall U.S. fetal death ratio stood at 7.5 per 1,000 live births. Among infants in metropolitan areas the fetal mortality rate was 7.4. However, the rate among rural infants was 7.9, a substantial difference. This means that the combined fetal and infant death rates are higher in rural than in metro areas.

Similarly, while the overall rural infant mortality rate is lower than the metropolitan rate, postneonatal mortality (deaths of infants 28 days and older) is higher in rural areas. In 1988 the rural postneonatal mortality rate was 4.0 deaths per 1,000 live births, compared with 3.5 in metro areas and 3.7 overall. Higher postneonatal mortality likely indicates reduced access to specialized care in the case of infants born with significant medical problems. It also reflects the greater likelihood of death among rural infants born at full term or normal weight and without significant health problems but who subsequently develop treatable health conditions for which treatment is not readily available. Examples of these conditions are pneumonia, parasitic diseases, viral diseases, meningitis, and accidents.

Health status

Rural parents report their children are in worse health than do metro parents.

Most American children are healthy. But too many are not, and rural children are less likely than children living in cities and suburbs to be perceived in excellent health by their parents and are as likely as central city children to be perceived in only fair to poor health.

Perceived Health Status of Children Younger Than 18, 1988

	Fair or Poor	Excellent
Rural	3.1%	48.0%
Metro	2.8	54.5
City	3.2	51.1
Suburb	2.5	56.7

Poverty has an enormous effect on this measure of rural children's health. In 1984 and 1985, according to analysts Margaret McManus and Paul Newacheck, only 39.0 percent of poor youths younger than 21 in rural areas were rated in excellent health by their parents, while 54.5 percent of nonpoor youths were so rated. Similarly, they found, rural children younger than 21 were nearly one-third more likely than metro children (7.2 versus 5.6 percent) to have been admitted to the hospital during the past year. Poor rural children were even more likely to spend time in the hospital (9.5 percent). Poor rural children spent 62 percent more days in the hospital than nonpoor rural children (459 versus 284 hospital days per 1,000 children per year).

Acute health problems

Rural children are slightly more likely than metropolitan children to suffer from acute conditions overall and show a greater incidence of infective and parasitic disease and influenza.

When faced with acute conditions, rural children are more likely to be bedridden but less likely to visit a doctor.

Selected Acute Conditions in 1987
per 100 Rural Children

(Conditions triggering a doctor's visit
or at least a half-day cutback in activity)

	Rural	Metro
All acute conditions	269	266
Infective & parasitic	55	46
Upper respiratory	62	67
Common cold	40	49
Flu	57	47
Other respiratory	8	10
Digestive	7	10
Injuries	30	32
Other	51	54

SOURCE: Unpublished tabulations from National Health Interview Survey, 1987

Result of Acute Conditions per 100 Children, 1987

(Short-term conditions triggering a doctor's visit or at least a half-day cutback in activity)

	Rural	City	Suburb
All acute conditions	269	257	272
Bed-ridden	124	116	120
Activities cut back	191	183	198
Visited doctor	162	168	171

SOURCE: Unpublished tabulations from National Health Interview Survey, 1987, and National Center for Health Statistics, *Current Estimates From the National Health Interview Survey: United States, 1987.*

Chronic health problems

Slightly more than 3 percent of all rural children suffer from some major form of activity limitation. This number is similar to the rate of significant impairment among metropolitan children. However, rural children are more likely than their metropolitan counterparts to be affected by certain conditions, particularly mental retardation or vision, hearing, or speech impairments. Each of these conditions is associated with, among other causes, reduced access to maternity care and inadequate inpatient care for pregnant women with major medical complications that can, if untreated, lead to preventable infant death and disability. Poor access to specialized care for extremely high-risk newborns also is a factor.

Selected Chronic Conditions per 1,000 Children Younger Than 21, 1984-1985

	Rural	Metro
Physical impairments		
Vision	15.0	10.2
Hearing	26.2	20.7
Speech	16.6	13.7
Legs	29.5	24.3
Back	15.4	21.0
Arms	3.0	2.7
Mental retardation	10.0	8.6
Respiratory conditions		
Chronic bronchitis	52.5	50.1
Asthma	34.2	48.2
Hay fever/allergy	53.8	64.2
Chronic sinusitis	71.1	62.6
Arthritis	5.4	3.9
Diabetes	2.8	1.7
Anemia	12.7	10.9
Epilepsy	9.3	4.6

Rural children have less access to health care.

Like children everywhere, children living in rural areas need access to a broad range of primary, preventive, and specialized health care. But poverty, limited health insurance coverage, a significant shortage of health services, and geographic isolation have combined to make access to decent care particularly problematic for millions of children living outside major metropolitan areas. All rural children face a risk of inadequate access to care. But, as in metro areas, the poorest children are the ones who need help most and yet are least likely to receive it.

Studies of children's utilization of health services show that more than 40 percent of all rural children, compared with less than one-third of children living in metropolitan areas, have not had a routine visit with a physician for at least a year.

Children Who Have Not Visited a Doctor for Routine Health Care in the Past 12 Months, 1988

	Number (millions)	Percent
Rural	6.5	42.3%
City	6.2	32.7
Suburb	10.3	35.0

SOURCE: National Center for Health Statistics, National Health Interview Survey on Child Health.

Rural children are as likely as inner-city children to lack a regular source of health care. Both groups are disproportionately likely to rely on public clinics or emergency rooms as their source of care.

Similarly, rural children, like inner-city children, have limited access to dental services. Children have a universal need for annual dental exams and routine dental care. Yet in 1986 less than 60 percent of all rural children age two and older saw a dentist at all, and those rural children who did receive any dental care averaged fewer visits than their suburban counterparts.

Underlying rural children's lower use of physician and dental visits are their lack of health insurance coverage and an absolute shortage of health professionals and clinics in rural areas. The high poverty rate of rural children plays a pivotal role by reducing families' capacity to afford private insurance, pay for care out-of-pocket, or travel to a health care provider.

Percentage of Children Lacking a Regular Source of Medical Care or Depending on Public Clinics and Emergency Rooms, 1988

	Total	No source of care	Only use clinic care
Rural	27.7%	12.2%	15.5%
City	36.0	12.7	23.3
Suburb	22.0	11.4	10.6

SOURCE: National Center for Health Statistics, National Health Interview Survey on Child Health.

Researchers McManus and Newacheck found that rural poor children and youths are 29 percent more likely than their nonpoor peers to have gone without a doctor visit in more than one year, and 42 percent more likely to have gone without a doctor visit for more than two years.

Health insurance

Rural children are more likely than metro children to have no health insurance coverage.

Rural children, along with children living in central cities, are disproportionately likely to be completely uninsured. In 1989 one in six rural children was completely uninsured, compared with one in eight children living in suburbs and one in seven children living in metropolitan areas.

Even greater proportions of the youngest rural children (including 21.5 percent of rural infants in 1988) had no health insurance coverage. More than one-quarter of all births in small rural hospitals in 1986, according to the U.S. Congress Office of Technology Assessment, were to women who were completely uninsured.

Several factors account for rural children's depressed insurance levels. These are high poverty, employment in low-paying jobs and in small firms, higher levels of self-employment, and higher rates of unemployment, all of which significantly reduce the likelihood of private insurance coverage (see Chapter 2).

Percentage of Children Younger Than 18 Who Lack Any Health Insurance Coverage, 1989

Rural	16.5%
Metro	14.4
City	18.2
Suburb	12.1

SOURCE: Advance Data from Vital and Health Statistics of the National Center for Health Statistics, National Health Interview Survey.

Added to this is rural children's greater likelihood of living in two-parent families. Historically, eligibility for Medicaid was tied to the receipt of Aid to Families with Dependent Children (AFDC), so that the minority of poor and near-poor children who got health insurance through Medicaid were disproportionately from single-parent families. Medicaid expansions enacted since 1984, which now require all states to extend coverage to all low-income pregnant women and children, regardless of family status, should help relieve this problem to some degree. But the Medicaid application process is cumbersome, and like their inner-city counterparts, rural children and pregnant women who need Medicaid frequently confront an extraordinarily complex and inaccessible application system that makes swift enrollment and continuous coverage next to impossible.

Asset tests (which take into account such items as a family car, work-related tools and equipment, as well as other, extremely modest levels of personal property and land) work a particular hardship on rural families, who need these items to survive. Since 1986 all states have had the option not to use asset tests in determining children's and pregnant women's eligibility for Medicaid. Yet as of September 1991, four states (California, Illinois, Iowa, and North Dakota) still applied asset tests when determining Medicaid eligibility for pregnant women and children.

Similarly, since July 1991 all state Medicaid programs have been required to permit pregnant women and children to apply for Medicaid at community and migrant health centers and at "disproportionate share" hospitals (those that treat a large proportion of low-income, publicly insured persons). Yet a recent survey of this new "outstationed enrollment" program by CDF, completed in the fall of 1991, shows that health centers throughout the country have not yet been provided with either out-stationed Medicaid eligibility workers or with the funds they require to hire out-stationed enrollment staff of their own.

Provider shortages

Rural areas have a smaller supply of health professionals and clinics.

Compared with metropolitan areas, rural areas have one-twentieth as many physicians per square mile and, even more telling, less than half as many per capita. The Office of Technology Assessment reported that the number of patient care physicians per 100,000 residents in 1988 was about 91 in rural areas, compared with 216 in metropolitan areas. In the smallest rural counties (those with fewer than 10,000 residents) there were one-fourth as many physicians per capita as in metro areas: there were 48 patient care physicians per 100,000 — about one physician for every 2,000 residents. In an ideal situation, a community should have about one physician for every 1,200 residents.

Data compiled by the U.S. Public Health Service show that more than a quarter of all rural residents (29 percent), compared with about 10 percent of all metropolitan residents, lived in designated health professional shortage areas in 1988. Of the nation's 33 million persons living in health professional shortage areas in 1990, 17 million — more than half — lived in rural areas. Nearly three-quarters of a million rural residents (713,700) lived in counties with *no* primary care physician at all in 1988.

Physicians who do practice in rural areas are more likely to be primary care physicians (general and family practice, general internal medicine and pediatrics, and obstetrics and gynecology). But there are far fewer primary care physicians practicing in rural areas than in metro areas (54 versus 76 per 100,000 in 1985). Thus, primary, as well as specialty medicine is far less available to rural residents. And those primary care physicians who are in practice face higher patient loads and a more wide ranging demand on their time because of the shortage of specialists. For example, in metro areas most of the doctors who provide obstetric care (care relating to childbirth) are obstetric specialists. But in rural areas, between one-half and two-thirds of obstetric caregivers are family doctors. Rural physicians in family practice must be equipped not only to maintain a full normal-office-hours family practice, but 24-hour coverage, as well, every day of the year, for obstetrics.

In recent years the supply of primary care physicians has risen in both rural and metro areas. But large gaps remain, and physicians moving their practices into rural communities naturally have tended to settle in the larger and wealthier communities, while the supply in the smallest and poorest rural communities has grown the least.

Primary Care Physicians per 100,000 Residents, 1979 and 1988

	1979	1988	Difference
Metro	74.7	86.8	+12.1
Rural	45.8	55.3	+9.5
Population of rural county:			
50,000 or more	51.0	61.8	+10.8
25,000 - 49,999	45.9	56.1	+10.2
10,000 - 24,444	41.1	48.5	+7.4
5,000 - 9,999	39.5	45.9	+6.4
2,500 - 4,999	37.8	43.4	+5.6
2,499 or less	23.3	25.6	+2.3

SOURCE: Office of Technology Assessment, *Health Care in Rural America*.

Even in the best of circumstances, recruiting and retaining physicians in rural areas is difficult. Medical facilities and sophisticated equipment are limited. Many rural doctors face a practice in which they personally care for relatively few of their patients who will need inpatient care, referring them instead to larger urban areas with more well-equipped facilities. Emergency transport systems may be poor, elevating patient risks and the potential for a poor outcome. Physicians may find it difficult to attract and keep partners, making an already difficult job exhausting.

To make matters worse, two major programs that were very successful in beginning to build the supply of health professionals and comprehensive health clinics in medically underserved rural and metro areas have been particularly hard hit by budget cuts over the past decade. The National Health Service Corps (a program offering training grants, loans, and scholarships to medical and health professionals) has, since 1972, placed thousands of health professionals in shortage areas. However, deep cuts in the program enacted at the insistence of the Reagan Administration meant that a program whose field strength peaked in 1986 at more than 3,300 members was reduced to approximately 200 professionals ready for placement in 1990, with the virtual elimination of the program by 1991. In 1991 Congress restored sufficient funding to allow the program to grow to an annual level of 2,200 professionals available for assignment — a level well below the program's mid-1980s strength, despite the great need for physician, dentists, nurses, allied health professionals, and pharmacists in both hard hit rural and metro areas.

The second major source of health professionals and comprehensive primary care are the community and migrant health centers programs. Initiated in 1965, community and migrant health centers have brought comprehensive health care to millions of medically underserved and extremely impoverished rural and metro Americans. Employing a wide array of health professionals (including half of all National Health Service Corps professionals), health centers serve nearly 6 million persons, two-thirds of whom are women of childbearing age or children younger than 14. Sixty percent of all health centers are located in rural areas.

The need for health centers far outstrips the supply. The National Association of Community Health Centers estimates that 2,500 health centers are needed to reach the more than 30 million medically underserved Americans. Today there are only 550 health centers, down from more than 800 a decade ago. In real dollar terms the program is operating at only about 75 percent of its FY 1981 funding level.

Rural centers have been affected doubly by both their own funding reductions and the reduction in the National Health Service Corps, because of the difficulties they experience recruiting and retaining physicians and other health professionals. While all health centers experience difficulties in recruiting and retaining staff, rural centers suffer disproportionately. In 1990, according to a survey conducted by the National Association of Community Health Centers, 69 percent of rural centers (compared with 54 percent of metro centers) reported major problems recruiting physician staff. Rural centers also were less likely to have specialty staff, including pediatricians, obstetrician/gynecologists, nurse midwives, and family outreach/community workers. They also were less likely to have bilingual staff and translators, even though rural clinics were more likely to report treating patients who speak little or no English.

As a result, millions of children and pregnant women have no ready access to comprehensive primary care. The majority of rural women who gave birth between 1984 and 1986 lived in counties with no community or migrant health center. A CDF analysis of county level data shows that during this time period, 71 percent of rural births, compared with 33 percent of metro births, were to women who lived in a community without a health center.

Beyond the Corps and the health centers programs, state and county health departments throughout the country attempt to provide services in high-need rural and metro areas. A principal source of funds to state and local health agencies to develop these services is the Title V Maternal and Child Health Services Block Grant. Yet funding levels for this program have fallen by more than 40 percent in real dollar terms since 1981. While funds for the federal childhood immunization programs ($217.2 million in 1991) have risen to seven times their 1981 level, the price of vaccine has risen comparably and more and more children are seeking vaccinations from public sources. As a result, rural health departments and health centers report shortages of vaccines.

The WIC program, another major source of publicly funded primary health care and food supplements for pregnant women, infants, mothers, and children, serves only half of those who are eligible. State health departments frequently are caught without sufficient funding, staff, or food.

Rural areas lack access to specialized health care providers.

The small size and isolation of rural communities make supporting specialized care providers extremely difficult. As a result, rural residents face a greater risk that their specialized health needs will go unmet. On average, rural residents spend 25 percent more time traveling to see specialists and have to travel 50 percent farther than metro residents. Rural poor persons and farm residents must travel even farther.

Average Travel Time to Physicians, 1983
(Minutes)

	Rural			Metro
	Total	Poor	Farm	
All physicians	25	25	35	20
Primary care	20	22	26	18
Pediatrician	23	28	31	17
Ob/Gyn	24	15	36	19
General practitioner	18	22	23	17
Family practice	20	*	*	16
Internist	32	35	36	21
Secondary care	37	39	57	24
Orthopedist	36	38	46	24
Ophthalmologist	41	53	70	25
Surgeon	25	32	22	23
Anesthesiologist/pathologist	73	*	*	20
Psychiatrist	33	43	*	24

* None in sample.

SOURCE: Office of Technology Assessment, *Health Care in Rural America*. Some numbers listed may be based on very small sample sizes.

Physicians who do maintain subspecialties (such as family practice physicians who provide obstetrical services) increasingly are being forced to abandon these subspecialties because of the high cost of medical malpractice insurance.

Rural areas have less and less access to hospitals.

Rural areas tend to have smaller, less-well-equipped hospitals. In recent years reduced third-party payments, rising numbers of uninsured residents, high medical costs, concerns about malpractice, and increased medical technology causing physicians to choose to hospitalize patients in metropolitan facilities have combined to squeeze severely the remaining rural hospitals. Between 1984 and 1988, 5.5 percent of all rural hospitals closed and the number of admissions to rural hospitals fell by about one-fifth, according to the Office of Technology Assessment.

While these hospital closures may be problematic in some instances, they become critical given the lack of emergency transport systems to metropolitan areas. High costs and changing practice patterns may lead many rural hospitals to cease operating as inpatient institutions and instead convert to primary care, with holding beds and the capacity to transport serious cases to larger regional hospitals. But many rural hospitals are not well prepared even for this scaled-back role. Rural hospitals are significantly less prepared than metro hospitals to handle emergency cases, with fewer having blood banks or trauma centers. Thousands of rural communities do not have even ground transport (much less air transport) for speedy transfer of critical care cases such as women with complicated pregnancy conditions and children and infants who are extremely sick or injured.

Percent of Community Hospitals with Emergency Services, 1987

(Short-stay, nonfederal, nonspecialty hospital with less than 300 beds)

	Rural	Metro
Trauma center	8.4%	16.7%
Blood Bank	62.9	75.8

The supply of rural doctors who deliver babies is in jeopardy.

The shortage of rural physicians (particularly in smaller and poorer rural communities), the lack of hospital access, pressures on physicians who do remain in practice, and reductions in programs designed to respond to medical underservice, all have threatened crucial health services in rural areas seriously. There is no better example of this than in obstetrics. Compared with metro areas, rural areas contain a little more than one-third as many obstetrical and gynecological specialists per 100,000 women, and those who remain are increasingly leaving the practice of obstetrics.

While the supply of specialized obstetricians in rural areas increased slightly between 1975 and 1988, the rural/metro gap is still enormous.

Supply of Primary Care Physicians per 100,000 Women Ages 15 to 44, by Specialty, 1988

	Rural	Metro	Difference
Ob/Gyn	24.5	61.4	-36.9
General pediatrics	22.3	69.7	-57.4
General/family practice	137.1	108.0	+29.1

Supply of Obstetricians per 100,000 Residents, 1975 to 1988

	1975	1988	Change
Rural	3.2	5.3	+2.1
Metro	10.8	14.3	+3.5

In rural areas, family practitioners rather than obstetricians are therefore the majority of obstetrical providers. Yet over the past decade the proportion of family practice physicians providing OB services has plummeted. In a 1986 survey by the American Academy of Family Physicians, one-quarter of all physicians reported that they had ceased offering obstetrical services. Of those remaining in OB practice, less than half provide OB services other than noncomplicated vaginal deliveries. Only one-half of all pregnant women suffer no complications during pregnancy.

Percentage of Family Physicians Who Care for Obstetric Patients, July 1988

	Routine care	Complicated delivery	High risk	Caesarean section
Rural	43%	23%	15%	13%
Metro	23	6	3	2

The loss of hospital and transport services compromises the ability of family physicians to offer obstetric care. Not only is it harder for physicians to remain in rural practice but the lack of appropriate inpatient access arrangements (arrangements between a doctor and a hospital that is willing to take the doctor's referrals) affects the remaining physicians' ability to acquire malpractice insurance at affordable rates -- or even at all. Increasingly, medical liability insurers are refusing to insure physicians who do not hold expert obstetrical practice credentials beyond their primary family and general practice degrees and who cannot gain admission for their patients to hospitals equipped to deal with complex cases.

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MIHOW (Maternal Infant Health Outreach Worker) Project

Life is hard for families in the Mississippi Delta and Appalachia. Unemployment and poverty long have been facts of life. The search for employment is likely to separate or uproot families, and health care and social services often are far away.

The MIHOW project was created in 1982 to serve rural families in these parts of the country. Its goals are to improve prenatal and infant care among families that don't fully utilize health clinics, and to help solve the complex problems of the region by enhancing the development of its human resources.

MIHOW is a network of family support programs sponsored by the Center for Health Services at Vanderbilt University in cooperation with the Clinch River Education Center in Abingdon, Virginia, and rural health clinics and other local organizations in Tennessee, Kentucky, Virginia, and West Virginia.

The success of each MIHOW program rests in large part on its outreach workers — the natural helpers in the community. These women know about early pregnancy, long-term unemployment, isolation, and feelings of inadequacy and hopelessness, for those realities have been as much a part of their own lives as they are a part of the lives of the families they visit. Yet the outreach workers also hold up another example — of strength, determination, and community service.

Even with roots in their communities, the outreach workers have to build trust slowly among the families they serve. "The people in our area don't trust just anybody," one outreach worker told a program evaluator during a 1990 qualitative evaluation of MIHOW. "They have been exploited so much it's hard for them to give their trust at first."

But gradually the outreach workers gain the mothers' confidence. "It was like making a new friend," one mother said during the evaluation. "Someone you could share your feelings and thoughts with, without having to do a lot of explaining." In focus groups and interviews, mothers reported that they felt less isolated and more in charge of their lives after starting the program, and their relationships with their spouses and children had improved.

Most of the parents who participate in the programs are young; the average age is about 20 at the birth of the MIHOW-targeted child. Two-thirds of the participating mothers are white; one-third are black. Almost half are married and live with their husbands. Most have not completed high school.

Each MIHOW site has between one and four outreach workers and serves between 20 and 80 families. The outreach worker typically begins to visit a family while the mother is pregnant and continues until the child is two years old. At some sites home visiting continues until the child is three and eligible for Head Start. At most sites the outreach worker comes monthly, starting before a baby is born and continuing until the baby's first birthday. After that, the visits are every other month. Parents also are invited to attend regular parents' meetings and special activities.

The outreach worker has a curriculum to guide her, but she also responds to each family's unique needs. She may bring along a VCR in order to show a pregnant mother a video on breast feeding, something that is uncommon in these parts of the country. She may bring books to read to the children. A mother whose youngest is now three and who therefore doesn't receive frequent visits any longer said, "We miss [the workers' visits]. My kids miss them — the participation — and they always taught them something....They called them parties and they always educated the kids, too."

Unmarried teenagers who become pregnant frequently are ostracized by disapproving parents, and some mothers are so angry with their daughters they object to visits by the outreach worker. Yet some outreach workers have been able to help families resolve tensions and have given the daughters emotional support while their families adjusted to the new situation.

In addition to providing help with health and childrearing problems, the outreach workers encourage family members to take advantage of other resources in the community, including GED and literacy classes and social services for which they are eligible. One woman told evaluators, "MIHOW made me better able to cope with the system. They have strengthened me a lot." Another pregnant mother told of her difficulty with the Medicaid bureaucracy and how the outreach worker had given her the confidence to "keep getting on them" until she finally got results.

Assessments of MIHOW show that participation leads parents to change their behavior in ways that benefit their children's development.

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One evaluation documented that MIHOW mothers are more emotionally and verbally responsive to their children, provide more appropriate play materials, are more involved in helping their children achieve knowledge and skills that are age-appropriate, are more accepting of their children's behavior, and provide more opportunities for their children to interact with a variety of adults — changes that generally improve children's chances of school success.

In addition, during the 1990 qualitative study of MIHOW, many mothers themselves emphasized how much they had learned about childrearing, both from the home visitors and from parents' groups and meetings. "[The MIHOW program] has helped with my self-confidence," said one mother. "When we talked about how to deal with [her child's] temper tantrums, it helped me. I could be a lot calmer about it. I could handle it better." The parenting class was helpful, said another mother, because it gave her "insight to understand that children are people too. You give them choices instead of demanding this and demanding that....This is kind of hard to put in effect. But it has been planted in there and it does make a difference."

The project's two sponsors jointly are responsible for training the outreach workers. They provide both initial and ongoing training in the areas of prenatal health, child development and parenting, nutrition, and home safety. In addition, the staff of each local project receives training in fund raising and program planning, with the goal of making each project self-sustaining. All of the original five local programs were successful in raising enough money from local, state, and private sources to continue operating after the initial start-up funding ran out. Four of these five continue to operate a MIHOW project as of late 1991. Three additional programs now are receiving start-up funding.

Several of the programs have broadened their outreach to cover other health issues such as heart disease and black lung disease. And other MIHOW programs have added toddlers' groups, day care programs, and literacy projects.

For more information, contact MIHOW, Center for Health Services, Station 17, P.O. Box 567-VUH, Nashville, TN 37232-8180, (615) 322-4773.

Conclusion and recommendations

Throughout the United States, children are falling behind the world's children in their access to health care and in their health status. American children are not getting adequate preventive health care. They are dying and becoming ill and disabled from preventable conditions at rates higher than in other Western nations and receiving inadequate follow-up care for acute and chronic illness.

There are two key reasons for these failures: first, lack of health insurance coverage, and second, serious gaps in the availability of health care services. Millions of Americans live in communities where they have little access to basic health care, but barriers to decent health care are worse for rural children. Rural children are less likely than children in cities to have had a regular checkup in the past 12 months.

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Comparison to Cities

Infant mortality figures are not available for metropolitan "central cities" under the definition used by the Census Bureau. However, it is possible with existing data to compare infant mortality rates in nonmetro areas with those in metropolitan cities with populations of 10,000 or more. (All of the Census Bureau's central cities have at least 10,000 population. However, many cities of 10,000 or more inside metropolitan areas are not central cities.)

The following table shows these data. White rural infants have as high a likelihood of dying before their first birthdays as white infants living in cities of 10,000 or more inside metropolitan areas.

Infant Deaths Per 1,000 Live Births
for Nonmetro Areas and Cities of 10,000 or More,
1988

	United States	Nonmetro	Metropolitan		
			Total	Cities Over 10,000	Other Areas
All Races	10.0	9.8	10.0	10.7	8.4
White	8.5	8.8	8.4	8.8	7.8
Black	17.6	16.7	17.8	17.9	16.8

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States, 1988*, Part II-B.

To make a healthy start in life a reality for every rural child:

1. Congress must enact a national health plan that ensures every pregnant woman, child, and parent access to basic health care, including prenatal and maternity care, check-ups, immunizations, and care for sick and disabled children. As an urgent first step, Congress should speed up the timetable for the already enacted expansion of Medicaid health coverage to all poor children, moving the target date up from 2002 to immediate coverage. Because many children in working families just above the poverty line are uninsured, a second urgent step for Congress and state governments is to expand Medicaid to cover all pregnant women and children with incomes below 200 percent of the poverty line.

   A basic national health plan is critical for all American children — and especially for rural children who are one-seventh more likely than metro children to be without health insurance coverage.

2. Congress and the states should eliminate the barriers that prevent rural children from receiving health insurance coverage through the Medicaid program. For example, states should implement fully the federal mandate to provide outstationed Medicaid enrollment programs at all health centers, hospitals, and health departments, so that families do not have to travel long distances and spend money they cannot afford to reach the nearest welfare office to receive health insurance coverage. Congress should provide full, 100 percent federal funding for this health care outreach measure.

3. Congress and the states must ensure that there are health care providers accessible to children in every community in the United States. A child's ability to get a check-up or care for an illness or disability should not depend on where his or her parents live. Specifically:

   - Congress should fully fund the Community and Migrant Health Centers, the National Health Service Corps, the WIC program, and increase funding for Title V (Maternal and Child Health), and childhood immunization programs, so that these services are available to children in every community.

   - Congress and the states should improve funding for the conversion of rural hospitals to primary care facilities and for the development and support of rural emergency medical systems.

   - Congress and the states should develop changes in medical education funding to attract more family practitioners to underserved rural and inner-city areas. For example, a state university medical school might emphasize rural rotations so that young people entering medicine can experience a rural practice. And, like the federal government, states might tie financial aid to students in the health professions to their willingness to serve for a time in underserved areas.

4. To improve rural families' transportation to health services, federal and state Medicaid agencies must meaningfully implement the often-ignored requirement that Medicaid cover transportation to and from providers. Congress and the states also should increase support for local efforts to provide adequate transportation for routine and emergency care.

   County and municipal governments and consortia of governments should coordinate and fund transportation programs to improve rural families' access to health care and other social services. As noted in the Chapter 4 recommendations, one effort to coordinate existing transportation resources in rural Alabama increased local WIC enrollment and cut the number of missed WIC appointments in half.

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Infant, Perinatal, Fetal, Neonatal, and Postneonatal Mortality, 1988

(Deaths Per 1,000 Live Births)

	All Areas	Nonmetro	Metro
All Races			
Infant	10.0	9.8	10.0
Perinatal	13.8	13.7	13.9
Fetal	7.5	7.9	7.4
Neonatal	6.3	5.8	6.5
Postneonatal	3.6	4.0	3.5
White			
Infant	8.5	8.8	8.4
Perinatal	11.8	12.1	11.7
Fetal	6.4	6.9	6.3
Neonatal	5.4	5.2	5.4
Postneonatal	3.1	3.5	3.0
Black			
Infant	17.6	16.7	17.8
Perinatal	24.4	24.4	24.4
Fetal	12.9	14.1	12.7
Neonatal	11.5	10.3	11.7
Postneonatal	6.2	6.4	6.1

NOTES: Infant deaths (neonatal plus postneonatal) are deaths younger than one year. Perinatal deaths (fetal plus neonatal) are deaths between the twentieth week of pregnancy and the first 27 days after birth. Fetal deaths are those with a stated or presumed period of gestation of 20 weeks or more. Neonatal deaths are deaths of children younger than 28 days. Postneonatal deaths are deaths of children at least 28 days old but younger than one year.

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1988* (1991). Calculations by the Children's Defense Fund.

5. States, counties, and communities also should expand their efforts to provide home visitor services to families and children who might benefit from them, using federal (including Medicaid) and state funds. Home visitor programs have been shown to work in rural and urban settings as a way of reaching physically or socially isolated families and linking them to needed services. Among the most promising home visitor programs are programs to reach pregnant women and link them to prenatal care and programs that work with parents of infants and young children. Because home visitors reach families on their own turf, they are often able to understand family needs and strengths much better than is possible in a rushed clinic visit. The programs often feature a broad focus that goes beyond health care narrowly defined, to include attention to such family issues as child development and parent-child interaction. (See description of the MIHOW program on page 86.)

Chapter 6

Rural Child Care and Early Childhood Education

Child care and early childhood education play a pivotal role in the economic life of families and in the healthy development of children. For a growing number of single parents whose employment is the sole source of support for the family, as well as two-parent families who increasingly rely on having both parents in the work force, reliable child care arrangements are vital.

Early childhood education plays a key role in later development. For poor and disadvantaged children in particular, early childhood represents a vital window of opportunity for ensuring a promising start in life. President Bush and the nation's governors have recognized formally that access to "high quality and developmentally appropriate preschool" for "all disadvantaged and disabled children" is essential to meeting their National Education Goals for the year 2000.

For the nation, a well-educated work force will be increasingly necessary for economic success in the global marketplace. Our ability to compete increasingly will depend on educational and child development efforts begun as early as infancy, in child care and early childhood education settings around the nation.

Nationwide, American families face a tangle of barriers to finding the kinds of affordable, high-quality child care they need and want. Problems ranging from short supply; care that is not affordable, of decent quality, or safe; lack of information about providers, transportation barriers, and a limited selection of settings from which to choose beset millions of families. Child care problems are worse for low- and moderate-income families, whose primary support for obtaining child care comes from a highly complicated and confusing system of state and federal subsidies and tax credits. Without government help, many families cannot afford child care.

For rural families, these problems are compounded by a smaller supply of regulated child care, clashing with a slightly greater proportion of mothers in the labor force and a higher rate of child poverty. Transportation problems and greater distances in rural areas may further limit families' access to child care and increase the costs of bringing a child to care. The rural child care crisis encompasses all regions of the nation, with officials in most states reporting a shortage of child care in their rural areas.

Child care needs

Rural families have as much need as metro families for child care.

Close to 5 million rural mothers were employed in an average month of 1990 and needed to make arrangements to ensure their children were cared for while they worked.

Mothers in rural areas are slightly more likely to be employed (66 percent in an average month in 1990) than mothers in metro areas (63 percent). Both married and single mothers in rural areas are more likely to be employed than their metro peers.

Percentage of Mothers Employed, 1990

	Nonmetro	Metro
Total	65.9%	62.9%
Husband present	66.3	63.5
No husband present	64.2	61.0

Between 1975 and 1987, the average married mother in the United States increased her employment by 50 percent — from 20 weeks to 30 weeks per year — according to a special tabulation of Census Bureau data by the Northeastern University Center for Labor Market Studies. Contrary to some stereotypes, rural married mothers are just as involved in the work force as their counterparts in other areas. In fact, married mothers in rural areas worked slightly more weeks per year than those in cities or suburbs (an average of 30.3 weeks in rural areas by 1987, compared with 29.7 in suburban areas and 29.4 in central cities).

One rural child care specialist has noted the vivid contrast between some media images of rural family life and the modern reality:

> *In the 1960s, television series like "The Andy Griffith Show" portrayed small town and rural families as perfectly capable of simultaneously earning a salary and raising children. Opie returned from elementary school to eat cookies baked by his Aunt Bea and to fish the nearby creek with his buddies. But today, Opie's Aunt Bea as well as his Daddy would be working, and Opie would return from school to an empty house. While Opie's Dad might be chasing drug pushers, Aunt Bea might be working in a cut-and-sew operation 30 miles away to supplement the family income.*[1]

Young rural children are about as likely as metro children to be in child care.

As a result of their mothers' employment, almost half of young rural children are in some form of child care. According to a survey by the National Center for Health Statistics, 46.7 percent of rural children younger than six — or 2.4 million — were cared for regularly by someone other than their parents in 1988.

Although rural mothers are slightly more likely than metro mothers to be employed, young rural children were slightly less likely than their metro counterparts (46.7 percent versus 50.2 percent) to have regular child care from someone other than their parents. Rural children also were slightly more likely to cared for by their fathers or by their mothers while at work.

The slightly greater proportion of children cared for by their mothers at work may reflect a greater proportion of piece-work occupations (such as stuffing envelopes or sewing) in rural areas, which allow workers (typically women) to receive earnings at home. It may also reflect the greater difficulty rural families face in obtaining child care.

The shortage of child care appears to be even worse in rural areas than in the rest of the nation.

Finding child care is one of the biggest challenges facing American families with young children. The supply of child care is tight nationwide, and even tighter in rural areas. Lower income and a lower population density in rural areas may contribute to this shortage by making it harder for rural families to find affordable and decent quality child care within a reasonable distance and by reducing the ability of rural child care providers to find enough customers and charge high enough fees to sustain their operations.

A majority of child care centers were more than 90 percent full in 1990 in both rural and metro areas, and in all regions of the nation, according to a major study funded by the Department of Education and conducted by Mathematica Policy Research, Inc. "These high utilization rates," the study found, "suggest that programs are operating at capacity in many local areas."[2]

In addition to the shortage of child care centers, rural areas appear to face a shortage of regulated family-based child care as well. According to the Mathematica study, city and suburban areas did not have such a limited supply of regulated family care.

The combination of a tight supply of center-based care and regulated family care in rural areas suggests that the overall shortage is even more serious than it is in cities or in suburbs. One state study, by University of North Carolina researcher Pat Garrett, found that there were 23 licensed child care spaces ("slots") per 100 children in the rural counties of North Carolina but 38 licensed slots per 100 in the urban counties.[3]

Officials confirm that there is a widespread shortage of rural child care, stretching across all regions of the nation and the majority of states. "Forty-seven states reported that rural families have difficulty in obtaining child care," according to a 1989 survey of state officials by the National Governors' Association. "Twenty-six states cited a lack of regulated child care facilities as the primary reason, and six states reported an especially great need for special needs care."

Similarly, in a recent survey by the U.S. General Accounting Office, officials in charge of state welfare-to-work programs in 31 states identified a shortage of child care in rural areas for school-age children, compared with 23 states in metro areas. For preschool children, 29 states identified shortages in rural areas, compared with 22 states for metro areas.

Early education

Rural children are much less likely to be in education-oriented programs.

The early nurturing and stimulation provided in a child care setting can be crucial for a child's later education and development. While parents of younger preschoolers sometimes prefer informal child care settings, many parents of three- and four-year-old children prefer more formal settings because they believe such programs will better prepare their children for school. Yet rural children are considerably less likely than their metro peers to be in more formal early childhood programs. Of the 2.4 million rural children younger than six who received nonparental care in 1988, only about one in four was in a nursery

Children in Child Care, by Type of Care, 1988

	Rural	Metro	City	Suburb
Total	100%	100%	100%	100%
Group (center-based) care	31	40	37	42
Preschool or nursery	24	30	28	31
Other center	8	10	9	11
Family day care home	30	25	22	26
Relatives	25	24	30	20
Other	13	12	12	12

NOTE: Data cover children younger than six who are cared for regularly by someone other than the mother or the father while at home. Care by relatives refers to care by family members other than the parents, and may occur in the child's home or another home. Other care situations include care by nonrelatives in the home. Columns may not add to 100 because of rounding.

SOURCE: National Health Interview Survey on Child Health. Calculations by the Children's Defense Fund.

or preschool, compared with one in three in metro areas. Rural children are more likely to be in family-based day-care homes and are about equally likely to be cared for by relatives other than their own parents.

Further evidence that rural children are less likely to receive educationally oriented care comes from Census Bureau data, which show that parents of 34 percent of all rural (and suburban) children ages three to five in October 1988 identified them as being enrolled in programs with an education component, compared with 43 percent of all city children.

The educationally oriented programs that are available to rural children are more likely to be sponsored by Head Start or public schools than is true for metro children. In 1990 Head Start and public school preschool programs made up more than a quarter (27 percent) of all centers in rural areas, compared with only 15 percent and 22 percent for suburban and urban areas respectively. This demonstrates the important role played by publicly funded programs in rural areas, and the relative lack of private child care.

Costs and transportation

Affordability and transportation problems further hinder rural families' access to child care.

Nationwide, child care expenses consume 6.6 percent of the average income of a family that is paying for child care. Among poor families, however, child care expenses consume one-fourth of income — leaving that much less for food, health costs, clothes, housing, and other basic expenses of raising children.

Longer distances, sparser population, and lack of public transportation add to the problems of both child care access and affordability in many rural communities. In a National Governors' Association survey, state officials in 19 states reported that inadequate transportation hinders rural families' access to child care. One mostly rural state (Vermont) has recognized the problem by requiring each child care provider that receives funds from a state early childhood education funding program to plan for the transportation needs of rural families (for example, by obtaining appropriate buses or vans). In addition, some rural grantees in the Vermont program offer home-based programs in which teachers come directly into the child's home and work with the family, educating them about the health and developmental needs of preschool-aged children.[4]

Parents' choice of child care may also be more limited in small rural communities. Rural communities may have only one or two child care sites, leaving parents with significantly less choice about the type of care their child receives. As a result, a family may have no good alternative if the child care is incompatible with parents' work schedules, if the type of care is inappropriate for the child, or even if a parent believes the center is unsafe or someone at the site is neglecting the child.

Quality

Several aspects of child care quality appear to be worse in rural areas than in metro areas.

While parents need better child care supply, affordability, and access, children also need child care to be of good quality. High-quality care is even more important these days as growing family poverty, longer parental working hours, and a variety of other stresses put a premium on decent out-of-home care when needed. Yet there are indications that rural child care may be of inferior quality, based on staff training and credentials, child-to-staff ratios, proportion of care that is regulated, and other measures.

Mathematica Policy Research found that teachers in rural child care centers tended to have lower levels of formal education or training, and to be less well paid. In the nationally representative sample of child care centers studied in 1990 by Mathematica:

- Nineteen percent of instructors in rural programs had high school degrees or less, compared with just 9 percent in city programs and 15 percent in suburban programs.
- Forty percent had college or graduate degrees, versus 52 percent in cities and 46 percent in suburbs.
- Teachers in rural child care centers were paid 17 percent below the national average ($6.25 an hour versus $7.49 an hour).

The lower levels of education and training for rural caregivers may reflect the generally lower levels of education in rural areas, as well as the greater difficulty of obtaining specialized child care training. Rural caregivers may have to travel farther to get training, and may have to be away from work longer, resulting in higher costs for substitute instructors.

Child-to-staff ratios suggest that young children in rural centers may be less adequately supervised. Rural child care classes in which the youngest child was two years old had significantly more (an average of 8.2) children per staff member than did similar centers in cities (an average of 7.1). These child-to-staff ratios exceed the maximum recommended level of six children per adult and are especially alarming in the light of the lower training and education of rural caregivers. Early childhood specialists stress that larger groups of children require even more highly trained caregivers, not less well-trained staff as is found in rural areas. (There were no statistically significant differences in child-to-staff ratios between rural areas and suburban areas or between rural and city centers serving other age groups.) Child care "centers" were defined in the study to include Head Start and other center-based preschool and nursery programs. Mathematica also examined health and developmental screening and testing practices and found that rural programs were significantly less likely than city programs to provide examinations of children's hearing, speech, and vision.

Mathematica found staff turnover rates to be high in child care centers regardless of location, with no statistically significant difference between annual turnover in rural areas (23 percent), cities (25 percent), and suburbs (25 percent). One positive finding in Mathematica's data is that rural care centers may have somewhat smaller group sizes, with fewer children in care. Research shows that children fare better when they are cared for in smaller groups.

Although Mathematica only studied the quality of center-based programs in rural areas, there are reasons to suspect that rural family-based child care may be less well-regulated than programs in other areas, and therefore possibly of lower quality.

First, rural children tend to live in states with looser regulatory practices for family-based care. A recent CDF state survey found that, in April 1990, 22 states failed to require family day care homes serving five unrelated children to be both regulated and inspected. These 22 states were disproportionately rural: 51 percent of the nation's nonmetro children, versus 41 percent of metro children, lived in these states and were unprotected by the family day care requirements.

Second, data from two studies indicate that, while rural children are more likely than metro children to be in family-based child care, rural communities have slightly less than their proportionate supply of *regulated* family-based child care.[8]

Third, a number of studies have noted the inadequate staffing of many state licensing agencies. Higher caseloads for state licensing and enforcement staff are likely to result in less adequate monitoring of rural child care programs, which tend to be smaller and widely dispersed over long distances.

Taken together, these data suggest that rural children are slightly more likely than the national average to be using unregulated family-based child care.

Unregulated care has been found to be of lower quality on average than regulated care. For example, the National Research Council concludes that "on average, caregiver behavior appears to be more stimulating in regulated or sponsored family day care, and children's development differs accordingly." Proper regulation and enforcement are the only way parents can be sure that their children are receiving care in a setting that meets basic health, safety, and developmental guidelines.

The inadequate supply and quality of child care heightens the risk of future problems for children.

For children whose parents cannot get high-quality child care due to inadequate supply, lack of transportation, or affordability problems, the consequences

(continued on page 104)

The Foundation Center's Child Development Centers

The Adelita Migrant Child Development Center is typical of the Foundation Center's facilities: clean, bright, furnished with glossy, sturdy pint-sized tables and chairs. There is a large aquarium, a caged turtle, an aviary, colorful paintings, and hanging plants. Classical music plays softly. The children, in small groups or individually, are manipulating nuts and bolts, putting together a breakfast tray, and playing with other hands-on toys that teach cognitive or motor skills. The teachers are nearby, but they don't interfere with the children's explorations, stepping in only when there's a problem. It's the kind of place usually available only to middle-class or affluent parents. The children at Adelita, however, are the sons and daughters of Californian migrant agricultural workers, families who earn well below poverty wages and, in many cases, rely on a 90-day growing season for their entire annual income.

The Adelita Center, in Lodi, California, is among a network of 18 Montessori preschools and 30 family day care homes throughout the state developed or overseen by the Sacramento-based Foundation Center for Phenomenological Research, Inc. (FCPR). All child care and accompanying support services are free. Six of the child development centers serve Latino migrant families.

Most migrant children in the United States, set back from as early as preschool and kindergarten by geographic isolation, frequent changes in schools, poor schools, parents' lack of resources, and teachers who too often have low expectations of them, fall behind academically and never complete high school.

The Foundation Center's 2,000 young students, however, from six weeks to six years old, are living proof that with teachers who believe in them and learning tools right for them, all children can succeed, whatever their social backgrounds and however their parents happen to make a living. Standards are high here. Children are expected to reason, learn, show respect for others, be independent, and clean up after themselves. Observers say the children make real gains. Kindergarten and first-grade teachers of children who attended the Foundation Center's programs report that the children are well-prepared for school, demonstrating excellent social and academic skills. Parents also express great satisfaction. One mother, Rosa, said in Spanish, "Had I found a program like this for my eldest child, he would not be as far behind in school as he is now. The form of education and the nutrition system are excellent. Every day my children surprise me with what they have learned."

How does FCPR do it? First, it draws teachers and staff primarily from the children's own community. Because many of the teachers were very recently migrant workers themselves, or grew up in migrant families, they're more likely to understand the children's behavior and the special parenting challenges facing anyone having to work 12- to 14-hour days as a migrant, says Antonio Lopez, the Foundation Center's director of education and staff development.

Second, says Lopez, teacher and staff training is "consciously extraordinary," especially since new recruits often have limited education and may not have the full home support they need for personal and professional development. The Foundation Center views all employees — from janitors to aides to teachers — as potential education directors and educates them accordingly. All center and family day care employees take college credit courses, given in the employees' native language, that lead toward the California Children's Center Permit and the American Montessori Teacher Credential. Moreover, the staff members are well-paid and valued as professionals, boosting their morale and commitment, which ultimately benefits the children.

Third, the Foundation Center makes education an extension, rather than a replacement, of the children's home and community. All children are taught in their native language (in almost all cases Spanish), which Lopez says helps them build a firm foundation and arrive at English language first-grade classes more prepared to learn. FCPR also gets the child's whole family involved in its activities. English classes and GED high school equivalency courses are available for parents in the evening. There are regular parent meetings. And periodically FCPR holds Parent and Family Health Fairs, where all members of a child's family are offered complete physical exams and health education.

Lopez says the Montessori method is "absolutely compatible and culturally appropriate" for the families the centers serve. Montessori education is based on the belief that children can learn to read, write, calculate, and reason in the same natural way they learn to walk and talk — through exploration. Children are given lots of hands-on, concrete activities and equipment to manipulate. They go at their own pace and, instead of being forced into preset schedules, are allowed extended periods of uninterrupted time to concentrate on whatever activity they want for as long as they stay interested.

The FCPR-style preschool is not more expensive to run. In fact, the program, funded by the California Department of Education, operates on 79 cents per child per day less than the Education Department's standard child care reimbursement rate. When the returns on the investment — successful future students and strong families — are factored in, it's clearly money well spent.

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The Kenan Trust Family Literacy Project

"Come on, mama, let's go to school today!"

Mornings begin like this for many of the families in the Kenan Trust Family Literacy Project in Kentucky. It could be pouring out, cold and dark, but the children won't let their mothers sleep in. Three days a week, rain or shine, the children and their mothers — or occasionally a father — go to school, together.

They arrive on yellow school buses or on foot at the public school where the project is housed. After breakfast together in the cafeteria, the 35 or so pairs of moms and children split up, the adults to academic or vocational classes, the youngsters to preschool. Three hours later they come together for play and learning activities, then have lunch. The rest of the day, while children nap or play outside, the parents work as volunteers in the school, tutoring older children or working in the library. During the final 45 minutes of the day, parents meet with teachers or hold group sessions to talk about parenting issues. This routine is followed September through May. Depending on the age of their children, families stay with the program one or two years.

The Kenan project, which opened its first site in rural Kentucky, is now one of seven like it in rural and metropolitan Kentucky and North Carolina. Run and largely funded by the Kentucky-based National Center for Family Literacy (a nonprofit organization established with a grant from the William R. Kenan, Jr., Charitable Trust), the projects target poor, undereducated parents and their preschool-age children. Ninety percent of participants are single mothers living on public assistance, and the average family income is less than $5,000 a year.

At the Kenan projects, "literacy" means a lot more than reading and writing. "It's all the skills that contribute to the quality of life. It's problem-solving and critical thinking," says Sharon Darling, president of the National Center for Family Literacy. The center's ultimate goal is to break the intergenerational cycle of undereducation and poverty by teaching parents those broader skills, interesting parents and children in learning together, helping families obtain necessary social services, and helping parents create a home environment that supports achievement.

Although the seven Kenan sites in Kentucky and North Carolina didn't open until 1988, their basic family intervention model had been tested since 1985 in a highly successful, publicly funded rural intergenerational education project in Kentucky called PACE (Parent and Child Education). Darling was the project's director and co-founder. In 1988 PACE was named one of 10 outstanding innovations in state and local government by the Ford Foundation and Harvard University. PACE showed that states can use state funds to operate innovative parent-child education programs successfully on a large scale.

The Kenan experience often is a first for the entire family. When B.J. and his mother Regina went to one of the rural North Carolina sites in 1988, it was B.J.'s first time in school and Regina's first taste of achievement.

When Regina was growing up, school made her feel like a failure. Because of a turbulent home life, she learned little in school, dropped out after the tenth-grade, and had four children by her mid-twenties. Sensing her fear of anything related to school and learning, her children rarely asked her to help them with homework. As Regina's distrust for education rubbed off on her children, learning and achievement fell to a low priority for the whole family.

Things changed with the Kenan project. Regina passed the GED high school equivalency exam, enrolled in college, and now has completed her third year with a straight-A record. Once unusually timid, she now readily leads group activities in the program and stands at the microphone to speak before large audiences at Kenan project events. B.J. has changed too, going from an aggressive loner who would kick teachers to a cooperative little boy who plays peacefully with other children. Most importantly, reading and doing homework together now is a regular part of the family's life, and all the children's grades have improved.

Although not all Kenan families blossom as dramatically, the majority do make significant gains. A study of 79 families that took part in the first two years of the project shows that in the vast majority of cases, their children — now in kindergarten or first grade — are doing better than teachers expected academically, socially, and emotionally.

Darling says the program works because it reaches out to meet the needs of the parent first. Helping a parent meet immediate literacy and life needs soon enables her or him to focus on the needs of the child. "The child then becomes the motivator," says Darling. Once parents enroll, it's seeing how they must — and can — be their children's first teacher that keeps them in the program and working hard.

Also crucial is the program's role as a strong support group for many parents. "We hear parents say, 'This is the family I never had,'" says Darling. The projects are well-staffed with knowledgeable child development specialists, but as Darling says, "The parents don't think teachers have knowledge other than literacy. They need to hear about parenting from other parents."

Although simple in format, the Kenan model requires unusual cooperation among experts from different disciplines and a lot of special training. Despite the tremendous challenges, however, the model is so sensible and effective that in September 1991 the National Center for Family Literacy opened 15 projects in five cities: Rochester, Pittsburgh, Tucson, Atlanta, and Richmond. In addition, the model has been replicated at least in part in nearly 300 sites around the country, including projects in five Indian reservation schools in New Mexico, Washington State, Minnesota, and South Dakota. All the sites combined will serve some 14,000 families in the 1991-1992 school year.

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can be alarming. In a survey of six rural communities conducted by the University of Wisconsin-Madison, parents reported that, by the third grade, one child in 10 cared for himself or herself some days after school, while four in 10 were cared for by older siblings. Mounting evidence suggests that self-care among school-age children has significant costs to the children, which take the form of increased fearfulness and loneliness, heightened vulnerability to peer pressure, and greater likelihood of substance abuse.

For some families who find child care, serious problems of quality remain. Occasionally, a highly visible news story reveals the most disastrous consequences of inadequate care. For example, the nation was riveted to the rescue of Jessica McClure, trapped in a well in the backyard of an unregulated family day care home in Midland, Texas. Far less attention is paid to the quiet loss suffered by millions of American children every day simply because they do not receive the good quality care they need to develop fully.

Child care quality has an enormous impact on children — not only on their daily experience (whether they are safe, healthy, and happy) but on their emotional and educational development. Studies show that children who have had good quality child care are less likely to have behavior problems and are more likely to develop good social and academic skills. Academic experts, professional organizations, and parents generally agree that the essential components include: a nurturing, trained, and stable staff that has time to interact with the children and with whom the children can develop positive attachments; good health, nutrition, and safety practices; an appropriate and safe physical environment; developmentally appropriate activities; parental involvement and access; and cultural sensitivity.

While the positive effects of good child care are important for all children, they are absolutely critical for many poor children and children whose parents may lack enough formal education to help them develop school-related skills. Research confirms that high-quality child care can help poor children overcome a variety of deprivations. Unfortunately, low-income children are the least likely to receive quality care in the absence of subsidies or financial assistance.

Rural children may have a particular need for high-quality child care, not only because of the greater shortage of child care in rural areas, but because of the higher rates of poverty and lower rates of parental education in rural families. Thirty-seven percent of rural families in 1987 were either poor or were headed by a high school dropout, compared with 26 percent of metropolitan families. Yet the quality of child care in rural areas shows signs of being worse, not better, than the national norm. Improving the supply of high-quality child care and early childhood education programs is a key step toward improving the educational outlook of rural America.

Conclusions and recommendations

Despite the stereotypes, rural mothers are more likely than mothers in metropolitan areas to be employed. Yet rural mothers have fewer options and less access to the high-quality, educationally oriented care that children need to prosper. When good care exists, families may be unable to use it because of problems with transportation between home, care, and work. And because much rural care is provided in isolated family day care homes, support and training for child care providers is particularly difficult.

What makes these findings about the uncertain quality and often haphazard availability of care in rural areas even more distressing is what we know about the consequences for children, particularly low-income children. On average, rural children are poorer and grow up in homes with less-educated parents than urban children (see Chapters 3 and 7). For children in these circumstances, research shows that high-quality care is particularly crucial because it provides an opportunity to stimulate healthy development and promote school readiness.

To give every rural child a head start in life through the early childhood experiences that contribute to healthy development, certain steps are essential:

1. While Head Start is a critical source of high-quality care for poor children in both urban and metropolitan areas, rural children are particularly dependent on it because of the lack of other high-quality preschool programs. Ensuring that the program is truly available to poor rural children requires not only funding the slots but overcoming access barriers such as transportation and allowing programs to use funds to construct and own buildings.

   Congress should make Head Start an entitlement program in 1992 with phased-in implementation that ensures a Head Start slot for every eligible poor child by 1995. To make Head Start as effective as possible for children of working mothers, Head Start providers should be funded to operate full-time and year-round to the extent needed by eligible children in their community, and funded to assure needed transportation to and from care, as well as necessary capital expenditures.

2. Congress should fund the Child Care and Development Block Grant, the Child Care Licensing and Monitoring Program (for training providers and strengthening state licensing and monitoring efforts), and the Dependent Care Block Grant (which provides funds for school-age child care and resource and referral programs) at their fully authorized levels.

3. Because rural children are particularly likely to be cared for in family day care homes, initiatives to improve the quality of family homes are critical to the early childhood experiences of rural children.

   States should experiment with a variety of initiatives to provide training and support to family day care providers. Many are operating in isolation from each other with little opportunity to share ideas or learn from others. Needed steps include the development of child care resource and referral programs, the encouragement of family day care systems or networks (where individual providers band together through an umbrella organization that provides training and support), and support for recruiting, licensing, and training of family-based day care providers.

4. To increase the supply of high-quality child care in rural areas, states should expand state-funded preschool programs and cover start-up costs for new child care providers and for child care resource and referral programs. A strong child care resource and referral network can link families to care, support the quality of existing child care programs, and encourage the development of new child care homes. States also should consider funding special initiatives in rural areas to build child care into available Head Start and school facilities.

5. States must consider the special transportation needs and costs of rural families in implementing child care and preschool programs. (See the Vermont initiative description on page 97.) States should ensure that the full costs of transportation are built into state child care subsidy rates.

6. States should ensure that all child care providers, including small rural family day care homes, have access to the federal Child Care Food Program.

7. States should strongly consider home-based parent support and education programs as a supplement to center-based preschool programs. Such programs, including Missouri's Parents as Teachers program and Arkansas' HIPPY program, reach families in which parents are at home as well as those with employed parents. They have demonstrated positive effects on children's development and on family functioning, and they may be particularly effective in reaching isolated families, whether rural or urban, that would not come to a center.

Chapter 7

Rural Education

Rural children share the nation's broader educational troubles. American students' educational attainment and skills have failed to advance as rapidly as have the demands of an increasingly sophisticated and competitive job market. Poverty, inadequate preparation in the preschool years (see Chapter 6), insufficient parental involvement with education, inadequate resources in low-income and minority schools, and outdated school practices such as "tracking" students into rigid "ability" groups all have created tragically preventable barriers to learning and to future economic success for children in all geographical areas of the country.

In addition to these nationwide barriers, rural children face special difficulties. They are poorer and attend poorer schools where teachers have less training and less experience. Their schools offer fewer nontraditional alternative programs and fewer advanced classes. Rural youths are at least as likely as metro children to drop out of high school and, if they manage to finish high school, are less likely to finish college. Fewer rural communities have GED (high school equivalency) testing centers that allow dropouts to obtain high school equivalency degrees.

The poor state of education has trapped many rural communities in a vicious cycle. Without an educated work force, many rural communities are shunned by employers who could offer skilled, well-paying jobs. Without a stronger tax base and local business support for education, these communities cannot finance school improvements. Fewer skilled job opportunities and lower school quality mean that many rural students and families adopt lower educational expectations, and the most talented rural students move away, beginning a new generational cycle of lost rural talent and energy.

More effective local school practices as well as expanded preschool opportunities and new and expanded state and federal programs to equalize funding and reduce staffing inequities are essential if rural pupils and communities are to succeed in the increasingly sophisticated international economy.

Higher costs

Rural schools are poorer even though educational costs are higher.

Rural school systems often face a distressing combination of tight budgets and high costs that makes it difficult for them to operate effectively. Richard Reeder, a specialist in local government finance at the U.S. Department of Agriculture's Economic Research Service, has written, "The biggest challenges in financing rural schools come from the relatively high costs of providing education and from the relatively low fiscal capacities in most rural areas."

Like other programs that serve rural families, rural schools frequently face high costs because they serve a small population that often is spread over a wide area. "In many isolated, small communities," Reeder explains, "...the fixed costs associated with school building operation and maintenance are high when expressed in per-pupil terms, due to the small student populations. High costs are associated with long-distance busing in places where students are widely dispersed."

Schools in many poor rural communities (particularly those in the South) face added costs, adds Reeder, because the communities "contain relatively high percentages of physically or mentally impaired pupils," who are especially costly to educate. Rural schools nationwide regard substantially more of their students as disabled (4.2 percent) than do city schools (2.7 percent) or suburban schools (3.3 percent), according to the U.S. Department of Education, although it is not clear whether the numbers reflect real differences in students or are the result of differences in how school districts classify students.

High costs of providing education are not unique to rural areas. According to Reeder, communities at both extremes of population size — the largest cities and the smallest rural places — often face unusual costs for schooling and other services. Rural governments, however, more often face the added problem of low revenue. The economic base from which local rural governments draw revenue for education and other local services is generally more modest than it is even in cities: in 1989, per-capita rural incomes were almost one-fifth lower than city incomes. Moreover, many rural governments have had to lower tax rates to attract business, further limiting revenue. Property tax revenues in 1982 were 28 percent lower per person in rural communities than in metro areas.

Because of their low revenues, rural communities spend about 10 percent less per student than do metro communities (or $231 less per pupil in 1982, equivalent to $5,775 for a classroom with 25 students), even though local rural governments reserve a considerably larger proportion of their limited budgets for education.

Lower spending per pupil on items such as teacher salaries sometimes creates a misimpression that education is cheaper in rural areas. "In fact," says analyst Reeder, "the cost of hiring quality teachers is higher in rural areas than in most urban areas, but the actual salaries paid in rural areas are lower because rural schools tend to employ teachers with less skills and training." This is one cause of inadequate education.

Curriculum

Rural schools offer a more limited curriculum.

Because of their small size and tighter funding, rural schools cannot afford to have as broad a curriculum or as many specialized teachers. They often offer a narrower range of courses and programs and require individual teachers to cover more subjects than their metropolitan counterparts do. In some areas of the country even algebra and foreign languages are considerably less likely to be offered to rural students. And rural students are shortchanged across the country when it comes to more advanced courses.

- Calculus was offered by one-third of rural schools in the early 1980s, half of city schools, and two-thirds of suburban schools.
- Advanced placement classes, which offer talented students an important head start on earning college credit, were available in only one-fifth of rural schools in the early 1980s, versus nearly half of suburban schools.

Rural schools also offer fewer crucial programs for needy students. Only one in four rural schools (compared with half of suburban schools) had a non-traditional alternative school program. One in four rural schools (compared with one-third of all suburban and city schools) offers a special program for pregnant students, although a higher share of rural than metro births occurs to girls in their teens.

Since the early 1980s when these figures were collected, a growing number of schools nationwide have begun offering advanced placement and other courses to help address the full range of students' needs. However, if the trend from 1980 to 1982 (the latest year for which nonmetro data are

Percentage of Schools
Offering Selected Courses and Programs,
1982

	Rural	City	Suburb
Calculus*	35%	47%	64%
Trigonometry*	74	80	83
Advanced placement	21	56	47
Gifted and talented	45	57	65
Alternative schools	25	42	49
Programs for pregnant girls	25	33	35

* 1980 data (1982 data are unavailable).

SOURCE: U.S. Department of Education, Center for Statistics.

available) is at all similar to the overall trend of the 1980s, then rural children dropped further behind their city peers. The proportion of city schools offering advanced placement courses soared from 35 to 56 percent between 1980 and 1982, while the proportion of rural schools with these programs barely changed.

In recent years, new technologies — such as lectures and interactive classes beamed by satellite to remote schools — have begun to help some rural schools broaden their range of courses. Although "remote learning" technologies cannot fulfill all the functions of a good classroom teacher (such as being available after class or providing reassuring close personal contact) and may require state or federal financial assistance to implement, they do provide an increasing number of rural students with access to a challenging and varied curriculum.

Nonetheless, major disparities in student course content remain. By 1990 the National Assessment of Educational Progress found that students in "extremely rural" communities (those with a population of less than 10,000 where a majority of the residents are farmers or farm workers) were still at a disadvantage in taking advanced mathematics classes. Only 9 percent of high school seniors in such communities had taken math classes past Algebra II, compared with 13 percent nationwide. Thirteen percent had not taken any algebra at all, compared with 9 percent nationwide.

Teachers

Rural teachers are less experienced, less well-trained, and have faster rates of turnover.

Tight budgets and geographic isolation take their toll on the quality of the rural teaching force as well. "Because of their isolation from major labor markets," writes Reeder, "many rural school systems have difficulty attracting high-quality teachers, whose salaries they cannot afford due to their low fiscal capacities."

Some teachers may prefer teaching in a metropolitan school because it is closer to a university where they can continue their own studies. Others may be dissuaded from taking a job in a rural area because of the social isolation, lack of job opportunities for a spouse, or other factors. For still others, less competitive salaries may be the deciding issue.

All of these factors make it more difficult for rural schools to attract well-educated young teachers and retain those with experience. By comparison with teachers in city and suburban schools, rural teachers are nearly twice as likely to be inexperienced (less than five years of teaching experience). Only one in five rural teachers in 1982 had more than 20 years of experience, compared with one in three city teachers and one in four suburban teachers.

Moreover, fewer rural teachers have formal degrees beyond a bachelor's degree. Education Department figures show that in only 22 percent of rural schools did teachers with graduate credentials make up a majority of the faculty in 1982 — compared with 43 and 39 percent of city and suburban schools, respectively. Suburban and city teachers were roughly four times as likely as rural teachers to have a doctorate or other advanced degree.

Staff turnover is much higher as well. Fully 26 percent of rural schools had one-fifth or more of their faculty leave in 1980 for reasons other than death or retirement — nearly double the proportion of city and suburban schools.

Achievement

Average rural achievement scores are slightly below those in metro areas in most subjects.

In light of rural schools' problems with funding, staff, and curriculum, rural students' test scores are surprisingly close to metro scores. Nonetheless, rural students tend to score slightly below other American students, and far below those in suburban areas.

In an achievement test administered in 1988 as part of the National Educational Longitudinal Survey, rural eighth-grade students scored slightly below metro students in reading, math, and history. They scored slightly better than metro eighth-graders in science.

Test Scores of Eighth Graders, 1988

(Average score on National Education Longitudinal Survey achievement test)

	Rural	Metro	City	Suburb
Reading	10.1	10.4	9.6	10.9
Mathematics	15.5	16.1	14.2	17.2
Science	10.0	9.8	8.8	10.4
History	14.8	15.2	14.1	15.9

SOURCE: U.S. Department of Education, National Center for Education Statistics.

Although no other recent data are available on the performance of nonmetro students, an achievement test battery administered to sophomores in 1980 as part of the Education Department's nationwide High School and Beyond Survey revealed similar results. Rural test takers scored worse than the national average on tests of reading, writing, vocabulary, math, and science.

A National Assessment of Educational Progress study conducted in 1981-1982 provided a picture of students' mathematical skills based on the population size of the community where they attend school. Consistently, at ages nine, 13, and 17, students in the smallest communities and the biggest cities performed slightly below average in math. Students in medium-sized cities and suburbs generally performed somewhat better than average. These results strongly suggest that communities at both extremes of population size often face special problems in educating their young.

Safety

Rural communities are not immune to problems of drugs and safety in school.

While rural communities report fewer problems with crime and safety (for example, the rate of handgun crimes in rural areas, while still appallingly high, is half that for the nation as a whole), rural children in school do not have such a clear advantage. Rural eighth-graders are about as likely as the national average to report being offered drugs or feeling unsafe in school.

Percentage of Eighth-Graders Reporting
Various Safety-Related Problems in School,
1988

	Someone offered to sell me drugs	Someone threatened to hurt me	I don't feel safe at school
U.S.	10.0%	27.8%	11.8%
Rural	9.4	29.2	10.7
City	10.4	27.0	15.3
Suburb	10.3	27.2	10.7

Dropouts

Rural youths are more likely to be dropouts than those in metro areas.

Dropout rates for rural youths ages 16 to 24 have declined by more than one-fourth during the past two decades, closing much of the large gap with metro dropout rates. Nonetheless, almost one in seven rural youths ages 16 to 24 (13.4 percent) between 1987 and 1989 was out of school without a high school or equivalent degree. This proportion is slightly worse than the comparable metro figure of 12.4 percent, and substantially worse than the suburban rate of 10.3 percent.

The slight rural disadvantage in dropout rates at ages 16 to 24 increases dramatically for older groups. By ages 25 to 29, fully 17 percent of rural residents were out of school without a high school degree, compared with 13 percent in metro areas.

As explained in the next two sections, much of this greater disparity in dropout rates for young rural adults appears to result from two factors: the lower likelihood that rural dropouts will return to school later or get a GED (General Educational Development) high school equivalency degree; and the tendency of young rural high school graduates to move away to metro areas, leaving behind a group of rural residents who are disproportionately dropouts.

Proportion of Youths Ages 16 To 24 Who Are Not High School Graduates and Are Not Enrolled in School

	October 1971	October 1987-1989*
Rural	17.6%	13.4%
Metro	13.2	12.4
City	15.6	15.3
Suburb	11.1	10.3

* Data for three years have been averaged to improve reliability.

Proportion of Persons Who Are Not High School Graduates and Are Not Enrolled in School, 1987 to 1989

Age	Rural	Metro	Difference
16-17	6.7%	6.2%	0.5%
18-19	14.3	13.3	1.0
20-21	16.2	14.6	1.6
22-24	16.0	14.1	1.9
25-29	17.1	13.0	4.1

NOTE: Dropout rates are as of October of each year. Data for three years have been averaged to improve reliability.

SOURCE: U.S. Census Bureau.

Rural dropouts are less likely than metro dropouts to return to school later.

A major U.S. Department of Education survey (*High School and Beyond*) followed students who were high school sophomores in 1980 and traced their school completion history in later years. The survey showed that students from rural schools who had dropped out by 1982 were considerably less likely than the national average to return to school later and obtain a high school or equivalent degree.

- Among students who had attended metro schools in 1980 but who had dropped out by 1982, almost half finished later.

- By contrast, only two-fifths of the rural dropouts subsequently finished school.

- Because fewer dropouts from rural schools corrected their dropout status later, the rural group of 1980 sophomores actually went from having a lower overall dropout rate than metro youths in 1982 to having a higher dropout rate by 1986.

Educational Status of 1980 Sophomores
in 1982 and 1986

	Dropouts in 1982	Dropouts in 1986	Proportion of 1982 dropouts who completed high school by 1986
Rural	15.6%	9.5%	39%
U.S.	17.3	9.2	47

Part of the explanation is the scarcity of resources in rural areas. Rural school systems typically have fewer alternative schools, school counselors, and special programs for pregnant students.

A special analysis by CDF of county-level data from the GED Testing Service found that rural students have fewer chances even to take a high school equivalency exam. Fewer than 50 percent of rural counties nationwide (compared with more than 80 percent of metro counties) contain one or more GED testing centers. Rural counties also may have fewer programs to help dropouts prepare for a GED exam or community colleges or technical schools to let high school dropouts jump directly into postsecondary education.

U.S. Counties with GED
Testing Centers, 1991

	Rural	Metro
Number	1,122	575
As % of all counties	47%	81%

NOTE: Excludes 45 testing centers whose location was not easily identified. The location of this number of centers would not affect the conclusion that fewer than 50 percent of rural (versus more than 80 percent of metro) counties have GED testing centers.

SOURCE: Local data from the GED Testing Service of the American Council on Education. Analysis by the Children's Defense Fund.

Moreover, a combination of lower family incomes and a predominance of low-skill jobs in rural areas may create different incentives for dropouts in rural than in metro areas. Many rural dropouts leave high school to take marginal jobs that are necessary to help support their families. For these dropouts, the lack of a strong demand for education in the current rural job market may diminish the incentives to return to a regular high school or seek a GED.

Many rural high school graduates move away, boosting the proportion of remaining youths who are dropouts.

Geographic mobility is a second key reason for the lower educational attainment of young rural residents. High school educated rural youths are among the most likely to move away, and the flight of these young graduates to metro areas causes a rise in the proportion of remaining young adults who lack a high school degree.

The recent exodus from rural areas cuts across lines of age and educational attainment. But according to a recent report published by the Population Reference Bureau, educated young people are especially likely to leave.

The report followed rural high school seniors from the High School and Beyond survey class of 1980 and compared those who moved at least 50 miles from their homes by 1986 with those who stayed close to home. The rural youths who moved were three times as likely as the nonmovers (30 percent versus 10 percent) to have a four-year college degree by 1986. The movers also had higher test scores and had taken more advanced courses during high school.

The study also analyzed possible reasons for moving. One clear reason was college. Colleges are concentrated in metro areas. College-bound youths were more than twice as likely as other rural youths to leave home.

But the study also found evidence that many rural youths leave simply because opportunities for well-paid work are scarce. Rural youths seem particularly likely to leave towns that offer low earnings potential (as measured by low per-capita income). The problem may not be lack of jobs but lack of well-paid jobs. The authors suggest that "migration of rural youth out of their home towns is motivated less by the lack of job availability than by inadequate potential earnings."

The lack of well-paid work may be particularly important to well-educated youths. Young college graduates can earn considerably more in metro areas than at home and have a much greater chance of obtaining managerial and professional jobs. "We're going to lose our 'A' students, there's no doubt about that," admitted one small-town Iowa mayor in an interview with the Education Writers Association. "After they go away to college they can't afford to come back."

Metro areas may also offer attractive opportunities for high school graduates who do not go on to college. Census mobility figures show that metro areas acted as a magnet for young high school graduates who did not complete additional schooling. By contrast, having no high school degree appears to be less of an economic liability in rural areas. In 1987 the poverty rate of high school dropouts older than 25 who head families actually was lower in rural areas (20 percent) than it was in metro areas (22 percent).

The effect of outmigration on dropout rates is evident in Census survey data on long-term mobility. From March 1975 to March 1980 (the most recent period for which long-term mobility data are available), one of six teenagers from rural homes grew up and moved away to metro areas, including a higher proportion of the high school graduates. Few young metro graduates moved in to replace those who left, so rural areas lost recent high school graduates at a net rate of almost 80,000 a year (while they were producing about 1.3 million graduates a year).

The effect of the exodus was to increase the proportion of dropouts in the 1980 rural population. By March 1980, the proportion of youths ages 18 to 24 with no high school degree was 26.2 percent among current rural residents (versus 21.4 percent in metro areas). By contrast, if no youths had moved between 1975 and 1980, the rural dropout rate would have been 24.9 percent (versus 22.0 percent in metro areas).

For rural blacks, the high school dropout rate is as bad as it is in cities.

Both blacks and whites in rural areas have higher dropout rates than their metro peers. An average of almost one in six rural black youths (15.6 percent), and more than one in eight whites (13.2 percent), ages 16 to 24 was out of school without a high school degree in the period 1987 to 1989.

Inner-city, heavily minority schools have received much publicity for having inadequate resources, poor facilities, and high dropout rates. Yet for young blacks ages 16 to 24, the rural dropout rate is as bad as it is in central cities.

The highest dropout rates by far in rural areas are for Latino youths, although they are below metro rates. Nearly one in three rural Latinos ages 16 to 24 was out of school without a high school degree. Language barriers, economic troubles, cultural disconnection from the schools, poor school quality, and, for some, the experience of immigration from a foreign country, contribute to the educational problems of rural Latinos. In addition, hundreds of thousands of rural Latino students must face the difficulties of mixing school with migrant farm work (see box on page 120).

Proportion of Persons Ages 16 to 24 Who Are Not High School Graduates and Are Not Enrolled in School, 1987 to 1989

	Rural	Metro	City	Suburb
White	13.2%	12.3%	15.9%	10.3%
Black	15.6	14.3	15.5	11.6
Latino	30.3	32.6	34.5	30.1

NOTE: Data are averaged for 1987, 1988, and 1989 to improve reliability. Data are for October of each year.

For older black youths (in their twenties), the rural dropout rate continues to rise above the rate in cities. Fully 22 percent of rural blacks ages 20 to 29 are dropouts, compared with 17 percent in cities and just 13 percent in suburbs. For whites and Latinos the dropout rate rises with age, too. This pattern results in part when high school graduates move away to metro areas, leaving behind a greater concentration of dropouts.

Proportion of Persons Ages 20 to 29 Who Are
Not High School Graduates and Are Not Enrolled in School,
1987 to 1989

	Rural	Metro	City	Suburb
White	16.0%	13.2%	15.9%	11.6%
Black	21.8	15.9	17.3	12.8
Latino	39.4	39.3	41.2	36.7

NOTE: Data are averaged for 1987, 1988 and 1989 to improve reliability. Data are for October of each year.

One-third of all rural family heads and a majority of rural black family heads lack a high school education.

A total of 4.5 million rural families in March 1988 were headed by an adult 25 years or older who never finished high school.[1]

Persons without a high school degree headed:

- Thirty-one percent of all rural families (with an adult head age 25 or older);
- Twenty-nine percent of white rural families;
- Fifty-six percent of black rural families.

These figures are much higher than the comparable figures in metro areas, where 22 percent of all families, 21 percent of white families, and 34 percent of black families were headed by someone who did not finish high school. The rural figures are worse even than in central cities, where 27 percent of all families were headed someone who did not finish high school.

Family poverty is closely linked to lack of education for both rural and metro families. Families that are headed by a high school dropout are more likely to be poor, regardless of their race or place of residence. Nearly 50 percent of all poor adult family heads in rural areas never finished high school, including 63 percent of poor black family heads.

Nonetheless, rural dropout rates far exceed metro dropout rates even for families who are not poor, suggesting that poverty and the failure of schools to meet the needs of poor children do not fully explain the lower educational levels of rural people. Fully 28 percent of rural adult family heads who were not poor lacked a high school degree, according to Census figures, compared with 19 percent in metro areas. An astonishing 52 percent of black adult family heads *who were not poor* lacked a high school degree in rural areas, compared with less than one-third in central cities.

Proportion of Heads of Families Who Lack a High School Degree, March 1988

(Family heads age 25 or older; poverty status as of 1987)

	Rural	City	Suburb
All Incomes			
White	29%	25%	18%
Black	56	37	26
Poor			
White	44	58	50
Black	63	51	46
Not Poor			
White	27	22	17
Black	52	31	22

NOTE: School completion rates for poor rural Latino family heads are not available.

A history of segregated and underfunded schooling in the South, where almost all rural black families live, as well as a history of a lack of career opportunities for educated blacks in the rural South, help explain these extremely low school completion rates. (In contrast to the South, several highly rural states in the Midwest and along the Canadian border — such as Idaho, Iowa, Nebraska, and Vermont — have shown a longstanding commitment to education, reflected in school completion rates for rural adults in these states that exceed the national norm.)

College

Rural high school graduates have lower college enrollment rates and higher college dropout rates.

Even rural students who manage to finish high school rarely go on directly to complete a four-year college. Only 16.2 percent of rural seniors in the high school class of 1980, or one in six, had completed a bachelor's degree by the spring of 1986, according to the High School and Beyond survey. Rural students resembled central city students in their college completion patterns: 16.0 percent of seniors in central city high schools got their bachelor's degrees during the same six years. By contrast, a greater proportion of suburban seniors (21.8 percent) completed bachelor's degrees.

Lower initial enrollment rates and higher college dropout rates both appear to contribute to the rural disadvantage. Rural seniors were less likely than suburban or city seniors to enroll in four-year colleges (or in other postsecondary schools). Once enrolled, they were slightly more likely than students from suburban or city homes to drop out in their first year.

The survey also revealed dramatic racial and ethnic differences in college completion. The probability that a high school senior in the class of 1980 would go on to complete a bachelor's degree within six years was:

- One percent for a rural Native American student (compared with 11 percent for Native Americans nationally);[2]
- Four percent for a rural Latino student (compared with 7 percent for Latinos nationally);
- Nine percent for a rural black student (compared with 10 percent for blacks nationally);
- Eighteen percent for a rural white student (compared with 21 percent for whites nationally).

In addition to graduates of four-year colleges, 7 percent of rural seniors received associate (community college) degrees and 12 percent received vocational licenses.

Additional factors may widen the college completion gap between rural and metro students further. First, students from suburban and city backgrounds are more likely to take time off from college. As these students return and finish college later, they will boost the college completion figures for suburban and city students relative to rural students. Second, many rural seniors who go to college in metro areas stay in metro areas to live, further widening the gap. The end result is that, by ages 25 to 44, fully 27 percent of adults living in metro areas — versus only 16 percent of rural adults — had finished four or more years of college.

The low family income and high poverty rates in rural areas are major barriers to college enrollment and completion. In fact, High School and Beyond data show that 1980 high school sophomores from low-income families — regardless of whether they came from rural, city, or suburban homes — all had similarly low chances of finishing a bachelor's degree by 1986. Yet rural and city school-age children are about twice as likely as suburban children to live in low-income families.

The failure of federal student loans and needs-based scholarships to keep up with rising tuition costs in the 1980s has made it even more difficult for low-income students to enter and complete college. Public and private college tuition costs rose 75 percent between 1980 and 1987, while the maximum Pell Grant per poor student rose just 20 percent.

Lower test scores (discussed above) and lower parental and community expectations probably also play a role in limiting college attendance and completion. Compared with city and suburban students, rural students do not think

(continued on page 124)

Migrant Farm Children and Education

> *She went with her children and her brother and his family to...work in sugarbeets, and clearing stones from other fields....[T]he farmer provided a one room house with no furniture, running water, or electricity. They had to sleep — when they succeeded in actually falling asleep — on the dirt floor and were often infested with lice and bothered by all sorts of other bugs, rats, etc....Before they found a rancher to work for and a place to live up there, she said they had to sleep in a park in the cold...*
>
> From J.O. Prewitt Diaz, R.T. Trotter, V.A. Rivera, *The Effects of Migration on Children: An Ethnographic Study*, Pennsylvania Department of Education, 1989

This migrant family's story is not unusual. More than 780,000 children migrate with their families in pursuit of seasonal farm or fishing work. The living conditions endured by young migrants take an enormous toll on their education and leave them among the most educationally imperiled children in the nation.

Like all children, migrant children need an education that builds on past progress and a stable, supportive environment if they are to succeed in life. Yet the conditions of migrant life — including frequent changes of location, pervasive poverty, intense economic pressure to work instead of study, disempowered minority status, and often unhealthy working and living situations — make meeting these simple needs a daunting task.

- As early as kindergarten, nearly one in three migrant students is over-age for grade level (31 percent, compared with 5 percent of all students), an early disadvantage from which many migrant students never recover.
- Experts estimate a typical migrating student in some parts of the country changes schools six to eight times a year.
- The likelihood that a school-age migrant child (age five to 17) was *not* enrolled at all in school during the 1988-1989 school

year was about 10 percent — or more than four times the national average.[3]

- Hundreds of thousands of migrant children lack English language skills that will allow them to succeed in school. Optional and incomplete state reports have identified more than 200,000 migrant students with limited English proficiency, and a more systematic count (due spring 1992) is expected to turn up many more such students.
- Half of migrant seventh graders fail to finish high school on time — about twice the national average.

Migrant children are primarily Latino but encompass all races. Out of every 100 children in the National Migrant Student Record Transfer System, an estimated 79 are Latino, 11 are white non-Latino, five are black non-Latino, three are Asian, and two are Native American.

Federally funded programs have made great strides in serving migrant students. The Migrant Education Program has worked with families to reinforce their commitment to education and has created computerized record transfers, portable study packages, and interstate linkages that allow teachers in widely separated areas to work together as a team.

These innovations and the efforts of local educators — together with the increasingly apparent demand for education in the mainstream job market — are credited with boosting high school completion rates among young migrants. Between 1974 and 1986, the high school completion rate of migrant youths rose from 10 percent to 49 percent.

Yet federal support for migrant education has been drastically eroded. From 1980 to 1991, federal funding for the Migrant Education Program plunged by more than 40 percent in real (inflation-adjusted) dollars. At the same time, the number of identified migrant students grew 30 percent, *causing real funds per student to drop by more than one-half.* Funding has fallen in every year since 1982, and program appropriations now stand at only about 30 percent of the amount authorized by Congress. While a part of this funding decrease may reflect services taken on by other federal, state, and local programs, there is little doubt that services for migrant students continue to fall desperately short of the need.[4]

Project PRIME

Until recently the high school in Clifton, Arizona — a nonmetropolitan mining town with a largely Latino population of 4,000 residents — was like a lot of other poor, highly minority schools in the country. Honors or advanced placement courses were a rarity in the single-campus, 400-student district. Math and science clubs were unheard of. Few students took the PSAT, SAT, or ACT. Some didn't even know what they were.

For a long time the lack of advanced and college preparatory courses at Clifton wasn't seen as a problem. Typically young men went straight from high school to the mines, and young women married husbands working for the mines. But when the mining industry dried up, forcing family after family to go on welfare, people realized they needed new ways to make a living. The young people needed higher skills and the option to go to college.

Clifton was exactly the kind of school that needed PRIME, a state and federal government-funded minority education initiative. Developed by the College Board, the Educational Testing Service, and the Hispanic Higher Education Coalition, and administered by Arizona State University, PRIME (Partnership to Improve Minority Education) has developed seven minority school improvement strategies from proven models and helps schools throughout Arizona implement them through technical assistance and staff training.

In 1988, PRIME's first year, Clifton signed on for Algebridge, now one of the project's most popular components. Designed to help junior high students make the jump to algebra, a prerequisite for advanced high school math courses, the eight-unit curriculum teaches algebraic principles within the context of arithmetic. PRIME staff held seminars for Clifton's teachers and school administrators before the school year began to show them how to use Algebridge. After school started, PRIME continued to offer assistance as needed.

Algebridge worked for Clifton's students. A year after the eighth-graders were introduced to Algebridge, their average math scores on the Iowa Test of Basic Skills jumped from the 29th to the 48th percentile.

That same year, Clifton's high school students began taking Test-skills, PRIME's 25-hour course that familiarizes students with college entrance exams and teaches them test-taking strategies. After one year, Clifton's average ACT score rose from significantly below to above the national average. The number of students taking college entrance exams also grew, increasing the pool of college-bound young people in the district.

Statewide, PRIME has reached 22 high schools and 60 elementary and junior high schools, and aims to introduce 250,000 students to at least one program component by 1993. The ultimate goal is to double the number of minority students who go on to college, and triple the number who major in science, engineering, or math.

PRIME's experience with schools like Clifton demonstrates the enormous difference a rigorous curriculum makes to students' achievement and future opportunities. It also shows that programs can be effective by adapting well-known, sensible strategies for a traditionally neglected population, rather than inventing something completely new. PRIME's programs all use concepts tested in other parts of the country. In addition to Algebridge and Testskills, PRIME offers programs that train teachers to teach advanced placement courses, help enrich schools' science and math activities, involve parents as advocates for their children's education, and help families find scholarships and other financial aid to pay for college — all well-recognized as essential to educational achievement.

PRIME is unusual, however, in the ethnic diversity of its staff — a crucial feature because of the population it serves. PRIME's core team is made up of three blacks, three Latinos, two Native Americans, and two whites. "When we go to talk with students, or administrators, or parents, we really represent them," says Raul Cardenas, PRIME's assistant director for community and school relations. Staff have diverse enough language skills to hold parent meetings in Spanish, Navajo, or other Native American languages if necessary.

Special sensitivity is also critical when it comes to involving parents, whether working with them as advocates or holding financial aid workshops for them. As much as possible, parents' meetings are held at what Cardenas calls "neutral sites" — a church, community center, or parent's home rather than at school, which the families often associate negatively with authority.

It's too early to know whether PRIME will achieve its goal of sending more minority students to college. PRIME's full impact, according to Cardenas, may not be seen for as many as eight years. But already there are encouraging signs — like Clifton's test scores — that PRIME is making a difference.

"The bottom line," he says, "is we want our students to have options. If they want to be a carpenter, fine, as long as they got good scores on the SATs and have the skills and knowledge to have a choice."

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their mothers want them to complete as much schooling, according to the High School and Beyond Survey.

Distance from a college may be still another barrier to college enrollment. There are relatively fewer rural colleges, and an estimated three-quarters of college-bound youths from rural homes must leave their parents' home to go to college. By contrast, Census Bureau data on migration between 1975 and 1980 show two-thirds of metro college-bound youths leave home, and only about one third leave their metro area.

For rural communities, low college completion and the exodus of young college graduates mark a loss for future generations, as well as an immediate barrier to economic development. The next generation of rural children will need additional supports in school — which many rural areas can ill afford — due to the low educational attainment of their parents and the close link between parents' education and a child's subsequent success in learning.

Conclusion and recommendations

Like other American children, rural children are not learning in school the skills they need to succeed in tomorrow's economy. Rural children score slightly lower than metro children on basic skills tests and are less likely to go to college. Rural students are burdened in their learning by lower family incomes, less-educated parents, and unequal access to quality education.

To provide every American child with a first-rate education:

1. Congress must increase funding for a range of federal programs that provide extra support for students, many of them rural, who need that support because of their personal, family, or community circumstances. Key initiatives include strengthening and expanding the Chapter 1 compensatory education program; increasing investment, particularly early investment, in students with mental, emotional, and physical disabilities; strengthening bilingual and English as a second language programs; restoring funding for migrant education; and expanding school nutrition programs.

2. Congress and the state governments, working together with the private sector, should take a variety of steps to improve rural students' access to qualified and experienced teachers:

    - Congress and the state governments should sponsor loan-forgiveness programs for college and graduate students in education who commit themselves to teaching in disadvantaged rural or inner-city schools (along the lines of the National Health Service Corps).

    - States should expand the pool of excellent teachers by providing training and teaching opportunities to talented college graduates who did not major in education and to successful non-teaching professionals who are interested in teaching careers.

- Private and public sources should expand the pool of highly qualified minority teachers by increasing the funding available to programs such as the federal Teacher Corps, and similar state corps such as that operated by Mississippi, which are designed to attract minorities to teaching.

- Federal and state governments should develop programs to help teachers' aides complete teaching credentials in areas with teacher shortages.

3. States and school districts should take a variety of steps to improve rural students' access to a broad range of programs and courses:

    - All school districts should eliminate tracking and ensure that all students are taught a rigorous core curriculum. (See the PRIME program in Arizona, described on page 122.)

    - School districts should aggressively explore "distance learning" technologies that bring lectures and interactive classes to rural schools via satellite and interactive video. Federal and state governments should promote distance learning, for example by expanding the federal STAR schools program.

    - States or consortia of rural school district should support circuit-riding teachers to visit isolated schools and provide instruction in specialized fields. Science vans could be funded to bring costly lab equipment to schools along the circuit. Broader use of new interactive computer technology also is helpful when it serves to broaden curriculum.

    - States or consortia of schools can fund regional alternative schools and specialized magnet schools to increase the range of programs available to students.

    - Districts must provide ongoing leadership training and support to ensure that their school leadership — board members, superintendents, and principals — are committed to pursuing school improvement aggressively and to quality for all children, regardless of income, race, or ethnicity.

    - Rural districts must not become distracted by issues such as consolidation of schools and school districts with small populations. Consolidation is not always a magic answer, nor always a disaster. Communities must focus on the real need — good teachers in good facilities with good support.

4. Congress and state governments must improve the fairness of school funding formulas by equalizing spending on children in rich and poor school districts. Further, the formulas must recognize unusual costs faced by individual schools, such as transportation costs in the case of some isolated rural schools or high building acquisition and maintenance costs in the case of some inner-city schools.

5. Local school districts and consortia of school districts should develop partnerships with local youth employment and training programs, community health clinics, Head Start programs, parent education and support programs, English as a second language programs (for parents and young people), and other child and family support services. The goal of the partnerships should be to offer students and their families access to the range of services they need to succeed in school, at a convenient location in or near the school. Such partnerships are particularly important in rural and inner-city areas in which transportation to widely separated services may be an extreme burden to low-income families.

6. State governments and school districts should experiment with partnerships with employers, in rural and urban communities, that will link employment more closely to education, increase financial and political support for the schools, and improve the quality of education. Such partnerships may include direct financial support for schools, employee participation in the schools through tutoring or mentoring, vocational counseling or apprenticeship opportunities, and job guarantees for local high school graduates.

7. Congress, state governments, universities, and communities should take a variety of steps to increase the proportion of students who prepare for and attend college:

   - Congress should increase federal grants and scholarships for low-income students and simplify loan and grant application and disbursement procedures.

   - States should keep tuition in the state university system within the reach of students at all income levels and provide scholarship and work-study opportunities as necessary.

   - Local communities, universities, and other interested organizations should expand college preparation and recruitment for rural and urban students whose parents did not attend college. Efforts should include mentor programs, curriculum add-ons, university outreach, and summer sessions on college campuses.

8. States should expand the availability of two-generational education programs such as the Kenan and PACE programs described on page 102. These programs pair education for parents (usually, GED programs) with a high-quality preschool program for the child, with the goal of changing the whole family's attitude toward education as well as teaching specific skills and knowledge. These programs are particularly suited to communities where many parents have had limited formal schooling.

Chapter 8
Rural Housing

The cost of housing is a large and growing burden for rural (nonmetropolitan) families. Many rural households, including three-quarters of the poor, pay shares of their incomes for housing that exceed federal standards of housing affordability (30 percent of income). One in nine of all rural households — 2 million households — pay one-half or more of their income for housing.

Rural households are more likely than metro households to be without plumbing, flush toilets, or a sink. Rural poor households more often live under a leaking roof and over a floor that has holes. Unaffordable housing and severely substandard housing lead to doubling up, overcrowding, and ultimately, homelessness for thousands of rural children.

Public efforts always have played a role in sheltering the rural poor. More than 200 years ago, Thomas Jefferson proudly described government programs to ensure adequate housing for the poor in his home state of Virginia. Yet in the face of the current housing affordability crisis created by falling incomes and skyrocketing housing costs, there has been little public help. Federal appropriations for rural housing were slashed by two-thirds (adjusting for inflation) from 1981 to 1991, while the need for housing assistance soared. Three of four poor rural households receive no federal, state, or local rental or home mortgage assistance. Rural households, like metro households, are less likely to receive housing benefits than any other type of major government assistance.

Unaffordable housing

Many rural families lack affordable housing.

The federal government considers housing affordable if it consumes no more than 30 percent of a family's income, leaving the family enough income for food, clothes, health care, and other necessary items. Yet nearly 4.9 million rural households in 1987 (out of 18.1 million) paid at least 30 percent of their income for housing, thereby exceeding the standard of affordability.

Three of four (74 percent) rural poor households were in unaffordable housing. Households with unaffordable housing also constituted:

- Twenty-seven percent of all rural households;
- Forty-one percent of all rural black households;
- Thirty-four percent of all rural Latino households;
- Forty-six percent of rural renter households;
- Twenty-one percent of rural homeowners.

Many suffered even higher housing burdens. Two million rural households in 1987 (11 percent) had to pay at least *half* of their income just to stay housed. Rural families with children are as likely as other rural households to pay such extremely high housing costs. Although the federal government does not calculate housing data for rural families with children, a special analysis of the American Housing Survey by Northeastern University's Center for Labor Market Studies shows that 11 percent of these families paid half or more of income for housing in 1987.

Percentage of Families with Children Spending More Than Half of Income on Housing

	Rural (nonmetro)	U.S.
1987	11.3%	12.4%
1985	9.5	12.7
1983	11.2	13.0
1981	9.0	10.7
1980	8.4	9.6
1979	6.9	8.5
1978	6.6	8.1
1977	4.8	5.7
1976	4.1	5.2
1975	4.1	4.6
1974	3.6	4.4

NOTE: Data are unavailable for even-numbered years after 1980 due to cutbacks in the American Housing Survey.

SOURCE: Northeastern University's Center for Labor Market Studies, tabulations from the American Housing Survey.

Renter Households: Median Percentage of Income Spent on Housing

(Housing costs as a percentage of income)

	Rural	U.S.
1987	28%	29%
1985	27	28
1983	27	29
1981	25	27
1977	23	25
1970	19	20

NOTE: Excludes one-unit structures on 10 acres or more.

Housing costs are consuming a larger and larger share of rural families incomes.

Since 1974 the proportion of rural families with children paying at least half of their income for housing has more than tripled, rising from 3.6 percent to 11.3 percent by 1987.

The rising housing burden for families with children mirrors larger trends in rural areas and the nation as a whole. In 1970 the typical (median) rural renter paid 19 percent of income for housing. By 1987 this figure had jumped to 28 percent.

The decline in family incomes during the 1980s (especially among young families) also means that fewer rural families can afford to buy homes. The proportion of rural families with children who owned their homes shrank from 76 percent to 71 percent between 1979 and 1987. This paralleled a nationwide decline in homeownership from 71 percent to 65 percent of all American families with children.

Homeowners as a Percentage of All Families With Children

	Rural	U.S.
1987	71%	65%
1985	72	65
1983	71	68
1981	74	70
1979	76	71
1977	75	71

SOURCE: Northeastern University's Center for Labor Market Studies, tabulations by the American Housing Survey.

The decline in home ownership has contributed to soaring rent costs. Nationwide, according to the Joint Center for Housing Studies at Harvard University, "Young households find purchasing a first home especially difficult, as housing costs remain high relative to income. Unable to secure a home of their own, these persons remain renters and bid up the price of rental housing."

Low-rent housing shortage

There are no longer enough rural low-rent units to meet the demand.

Nearly half of rural households in poverty rent their housing (46 percent). As in the rest of the nation, low-income renters in rural areas face a new and alarming shortage of rental housing they can afford. This shortage has two causes.

First, as indicated, the number of renters with low incomes rose. From 1970 to 1987, the number of rural households with yearly incomes of less than $10,000 (in constant 1987 dollars) rose by one-fifth, from 2.0 million to 2.4 million.

Second, the supply of rental units that fell within the affordability standard for these low-income households (that is, apartments renting for no more than $250 a month in 1987 dollars, which is 30 percent of a $10,000 yearly income) decreased by 30 percent, from 2.4 million to 1.7 million during the same period.

As a result, in these 17 years the rural low-income housing market went from having a *surplus* of 400,000 affordable rental units to having a *shortage* of nearly 700,000 affordable rental units. Large numbers of families were forced into higher cost housing they could ill afford. Other families (not counted by the American Housing Survey) were forced into homelessness.

Soaring rents and income erosion have created a disaster for families at the bottom of the wage scale. By 1990 affordable rental housing for a family with a minimum wage income ($667 per month for full-time work in most states) effectively had vanished from every state in the nation. In 1990, in *every rural county in the nation*, a family with a minimum wage income would have had to pay *more than 30 percent of its earnings* to rent an apartment at the local fair market rent (a federally determined representative rent level) for a moderate-cost, two-bedroom rental unit — thereby exceeding the housing affordability standard. In at least 29 states in 1990, the local fair market rent in every county would have consumed more than *half* of the family's income. In 1979, by contrast, only five states had fair market rents that exceeded half of a minimum wage income in all rural counties.[1]

Homelessness

Thousands of rural children are homeless.

Homelessness is one consequence of the tightening squeeze between family incomes and housing costs. The word "homeless" still evokes images of single men sleeping on park benches in big cities. Yet an estimated 100,000 children on any given night have no home in the United States. Families are the fastest growing segment of the homeless population, and rural areas are not immune. "For the first time in many decades," warns the Housing Assistance Council in a 1988 report, "evidence of rural homelessness is appearing on a wide scale." An estimated one-quarter of emergency shelter nights funded by the federal Emergency Food and Shelter program in 1987 were in rural areas, according to the Council.

Based on a recent Housing Assistance Council compilation of available state figures on homeless school-age children:

- In rural counties of Kentucky, 2,715 children are homeless;
- In rural parts of Iowa, 2,562 children are homeless;
- In rural Idaho, 2,350 children are homeless;
- In rural Arkansas, 1,950 children are homeless.

In some states, a disproportionate share of the homeless children are reported in rural areas. In Kentucky, for example, rural areas contain 55 percent of the state population but report 67 percent of all homeless children in school.

In a major recent study of 21 rural Ohio counties, children made up more than one-third of all rural homeless persons. The study, published by the Ohio State University College of Social Work, surveyed 1,100 adults and identified 480 children who were homeless with them. Projecting for the state as a whole, the survey data indicate there were more than 1,800 homeless children in rural Ohio during the six-month survey period in 1990.[2]

Compared with the urban homeless, rural homeless persons in Ohio were generally younger and more likely to be women, including mothers with children. According to the study, typical homeless people in rural Ohio included:

- Young families (who were 27 percent of the adult sample) no longer able to close the gap between housing costs and total household income.
- Women unable to work due to child care responsibilities or limited skills to meet the demands of a changing labor market.
- Individuals currently working full- or part-time (31 percent of the adults) but with too little income to afford housing.
- Adults with physical or mental disabilities (identified less often than in urban samples).

The Ohio study also found many more homeless people in rural counties than a similar study in 1984. Researchers told CDF the percentage of the rural population that could be identified as homeless tripled during this period. Although the result could have been affected by other factors such as changes in self-identification or communities' ability to help researchers identify homeless persons, the researchers believe this represented an actual increase in the rate of homelessness.

Affordability

Housing cost burdens in nonmetro areas are highest in nonmetro towns.

Housing costs and affordability vary greatly in different parts of the rural United States. Some of the worst affordability problems strike families in the small and medium-sized towns (generally, towns of 2,500 to 50,000 persons) that dot nonmetro counties.

In these "rural towns," household incomes are even lower than in the rural countryside outside the towns. Possibly because they are less able to afford to buy homes, these households are relatively more likely than their peers in totally rural areas to rent their housing, which results in higher median housing costs, as well. As a result, the proportion of rural households in which housing costs exceed the federal affordability standard is higher inside towns (31 percent) than outside them (25 percent).[3]

Rural and metro areas have different housing burdens.

In metropolitan areas, housing cost burdens are typically slightly worse than in rural areas. However, differences in rates of homeownership, housing expenses beyond rent or mortgage payments, and quality of housing make it difficult to compare the housing affordability crisis in rural and metro areas.

Thirty-two percent of all metro households (versus 27 percent of rural households) paid 30 percent or more of their income for housing in 1987, exceeding the federal affordability standard. The greatest affordability crisis appears to be in central cities, where 38 percent of households paid more than affordable amounts for their housing, compared with 28 percent of households in suburbs and 27 percent in rural areas.

Proportion of Households Spending 30 Percent or More of Income on Housing, 1987

	Owners	Renters	Total
Rural	21%	46%	27%
Metro	22	49	32

Proportion of Families With Children Spending More Than Half of Income on Housing, 1987

U.S.	12.4%
Rural	11.3
City	18.0
Suburbs	9.0

SOURCE: Northeastern University's Center for Labor Market Studies, tabulations from the American Housing Survey.

Households, by Proportion of Income Spent on Housing, 1987

	Rural	Metro
Owners, paid at least:		
50%	7.4%	7.0%
70%	4.0	3.7
Renters, paid at least:		
50%	22.3	23.2
70%	13.6	13.3

The slightly larger proportion of rural households that can afford their housing is due in part to the larger proportion that own their homes, since in both areas renters have greater affordability problems than owners. The proportion of *homeowners* with unaffordable housing is about the same in rural and metro areas (21 versus 22 percent). The proportion of *renters* with unaffordable housing is also fairly close — 46 percent in rural areas, versus 49 percent in metro areas.

Rural families with children are as likely as families in the rest of the nation to pay more than half of their income for housing. In 1987, 11.3 percent of rural families with children paid this extremely high proportion of their income for housing, compared with 12.4 percent nationwide, according to tabulations by the Center for Labor Market Studies at Northeastern University.

Federal figures show that rural homeowner households were just as likely as those in metro areas to pay half or more of income for housing. Both homeowners and renters in rural areas were just as likely as their metro peers to pay 70 percent or more of income for housing.

In a joint report, *The Other Housing Crisis: Sheltering the Poor in Rural America*, the Housing Assistance Council and the Center on Budget and Policy Priorities found that much of the low-cost housing in rural areas is occupied by households that are *not* low-income. "Of the 9.1 million nonmetro households with costs of $250 a month or less in 1985" (housing costs that would be affordable for families with $10,000 annual income), they report, "some 5.4 million had incomes above $10,000."

Further, low-income families with children may be even less likely than other low-income households to have low-cost rural housing. Most of the rural households with monthly housing costs of $250 or less in 1987 were homeowners with paid-off mortgages. But families with children are underrepresented among rural homeowners — and may be especially underrepresented among rural homeowners with paid-off mortgages. A disproportionately large share of rural homeowners with paid-off mortgages are elderly persons, very few of whom live with children.

Rural families that own their homes may also face certain special costs of homeownership that are not counted in the official cost figures. Rural areas more often lack basic municipal services such as sewage disposal, piped natural gas for heating, and curbside garbage collection. As a result, many rural homeowners (and even rural renters) face special expenses such as purchase and maintenance of private wells for water and cesspools for sewage — expenses not counted in the Census Bureau's figures on housing costs and affordability. Few metropolitan households must pay for such items.

Housing Characteristics
of Poor Households, 1987

	Rural	Metro
Water source, private well	25.6%	7.0%
Sewage system septic tank or chemical toilet	41.1	12.9

Substandard housing

Rural housing is more likely to be substandard.

The quality of housing continues to be a major problem for many rural residents. CDF estimates that one in nine rural households lives in substandard housing (housing that has physical deterioration or lacks essential facilities). This compares with one in 15 metro households.[4]

Rural households are less likely to have flush toilets or a sink and more likely to live in a house with a leaky roof and holes in the floor than metro households.

The kinds of housing problems found in rural homes are of special concern for children because they are particularly likely to be classified as "severe" — problems such as exposed electrical wiring that pose a health or safety threat to people who live there. As *The Other Housing Crisis* explains, "While problems in nonmetro areas disproportionately include lack of plumbing or bathroom facilities, unsanitary waste disposal or water facilities, leaky roofs, and other major structural flaws, problems in central cities are more likely to involve maintenance and upkeep..."

A major source of rural housing deficiencies is plumbing. Unfortunately, government surveys published after 1983 have underestimated the level of substandard housing in rural areas because they contain faulty data on plumbing. In 1983 rural households were nearly four times as likely as metro households to lack adequate plumbing facilities. Inadequate basic plumbing (no flush toilets, showers or bathtubs, or hot and cold running water) may increase the health risks to children from poor hygiene, including increased risk of gastroenteritis (a major cause of dehydration) and parasitic infections (such as pinworms). In recent years, the government has decided not to publish data on plumbing problems because of the faulty data in the American Housing Survey. Therefore, the data presented in the remainder of this chapter underestimate the extent of the substandard housing problem in rural areas because they do not account for plumbing deficiencies.[5]

At least 1.8 million rural households, or 8.8 percent (without adjusting for faulty data about plumbing), had substandard housing in 1987. They included:

- Thirty-three percent of black households (versus 16 percent in metro areas);
- Twenty-three percent of Latino households (versus 14 percent in metro areas);
- Seven percent of white households (versus 5 percent in metro areas).

Housing quality problems are worst among minority households because of their high rates of poverty. Twenty percent of rural poor households (versus 17 percent in metro areas) had substandard housing in 1987. Only 6 percent of nonpoor households in rural areas had substandard housing.

Substandard housing is a hidden cost for many rural households. Although a slightly larger share of the rural housing supply is affordable by federal standards, much of the added affordable housing is substandard.[6]

Proportion of Poor Households
With Substandard Housing and
Selected Housing Quality Problems,
1987

	Rural	Metro
Total units with physical problems	20.2%	17.3%
Severe problems	5.5	3.6
Selected problems:		
Roof leaks	13.3	9.1
Signs of rats	11.5	13.3
Peeling paint or broken plaster	8.8	10.8
Holes in floor	5.0	4.0
Exposed wiring	4.2	3.8
No flush toilet	3.3	1.2

Rural households often face unsafe living conditions, including unsafe drinking water.

Rural households are four times as likely as their metro counterparts to use dangerous fuels such as kerosene and bottled gas to heat their homes; and four times as likely to lack the basic plumbing necessary to keep children healthy. They also face health risks from unsafe supplies of drinking water. According to a recent report from the Center for Community Change, a federal study of water quality found two-thirds of rural water supplies in 1984 violated federal drinking water standards. Polluted drinking water caused by faulty wastewater treatment puts children at increased risk of gastrointestinal diseases and parasitic infections.

Moreover, the Environmental Protection Agency's (EPA) 1986 National Needs Survey found 70 percent of the nation's substandard wastewater facilities were in rural areas, and numerous rural communities were without treatment facilities of any sort. Although faulty septic systems and waste disposal facilities are key contributors to unsafe water, EPA expenditures on programs to help communities improve their wastewater facilities plummeted in rural areas by 91 percent between 1981 and 1987, according to the Center for Community Change. Only 8.3 percent of EPA Construction Grant expenditures in 1987 were in communities with populations under 50,000.

Housing assistance

Few poor rural households now receive rent subsidies or home mortgage assistance.

Although the housing affordability crisis ranks among the worst problems afflicting poor families throughout the nation, the government is doing relatively little to alleviate the situation. Only about one in four poor households in the United States (28 percent) received any sort of government housing assistance (public housing, other rent subsidies, or federal home mortgages) in 1987. But in rural areas, even fewer (23 percent) received any housing aid.[7]

Percentage of Poor Households Receiving
Government Housing Assistance, 1987

	Rural	Metro	City	Suburb
Rental assistance	15.1%	25.7%	31.0%	17.1%
Mortgage assistance	7.8	4.2	3.5	5.2
Total	22.9	29.9	34.5	22.8

NOTE: Government housing assistance includes federal, state, or local rent subsidies (including public housing, and indirect landlord subsidy programs if landlords must verify tenants' income); and home mortgages administered by federal, state, or local agencies.

Among rural renters with income below poverty, fewer than one in three (32 percent) received any rental assistance from the government, considerably lower than the corresponding proportion in metropolitan areas (37 percent). The difference was chiefly due to the lower supply of publicly owned housing in rural areas.

Percentage of Poor Renters Receiving Government Rental Assistance, 1987

	Rural	Metro
With assistance	31.6%	37.1%
Public housing	14.2	19.5
Other	17.4	17.6
No assistance	68.4	62.9

Homeownership assistance is an important form of government housing aid in rural areas, since a larger proportion of poor rural households (15 percent) than metro households (9 percent) are homeowners with mortgages.[8] A number of government programs make it easier for Americans to buy a home, either by providing a market-rate loan for those who cannot obtain a bank loan or by subsidizing a loan so there is a below-market interest rate. In rural areas, 54 percent of the poor households who have mortgages benefit from such federal, state, and local home loan programs — slightly more than in metro areas (49 percent).

Percentage of Poor Homeowners With Mortgages Receiving Government Mortgage Assistance, 1987

	Rural	Metro
Any government mortgage	53.9%	48.7%
Farmers Home Administration	11.9	2.8
Federal Housing Authority	15.2	22.5
Veteran's Administration	3.3	9.3
State or local	23.6	14.1

Some poor households receive no government housing aid because they own their homes outright, with no mortgage, and so do not need assistance. Nonetheless, government programs still fail to serve nearly two of three poor rural households that have rent or mortgage expenses (and a similar share in metro areas).

Federal efforts have lagged.

At a time when the availability of affordable housing for low-income families has plummeted, federal efforts to assist poor rural households have slowed disturbingly.

The chief federal agency that helps rural households (both farmers and others) with housing costs is the Farmers Home Administration (FmHA). According to the Housing Assistance Council, the federal government cut appropriations for FmHA's housing loans, grants, and rental assistance from

$4.6 billion in FY 1981 to $2.4 billion in FY 1991 — a reduction of two-thirds (65 percent) after adjusting for inflation.

Because of these cuts, as well as the Reagan Administration's shortchanging available funds, FmHA failed to keep up with the increasing need for low-income rural housing in the 1980s. According to agency records compiled by the Housing Assistance Council, the number of additional low-income households assisted each year has declined sharply.

- From 1977 through 1980, FmHA made commitments to assist an average of 142,000 additional renter and homeowner households per year. From 1981 though 1990, the number of new commitments dropped to an average of 72,000 per year — a reduction of 50 percent.

- If the number of additional households assisted by FmHA programs in the 1980s had remained at the same average rate as in the late 1970s, according to the Housing Assistance Council, more than 700,000 additional households in rural areas would now be receiving assistance.

There were even steeper declines in the number of new rural and metro units assisted by the U.S. Department and Urban Development (HUD). According to *The Other Housing Crisis*, the number of additional units HUD committed itself to assist per year plunged by nearly three-fourths, from an average of 316,000 per year during the period 1977 to 1980, to an average of only 82,000 per year between 1981 and 1988. Had HUD's new commitments not slackened off, by 1988 there would have been commitments for aid to an additional 1.9 million new units nationwide.

The types of housing assistance available also changed during the 1980s, in rural areas as well as nationwide. Federal efforts shifted away from more intensive forms of rental assistance, such as public housing and other programs that assure low housing costs for recipients, and shifted toward "portable vouchers" and other programs that would allow landlords to change subsidized renters more. This shift allowed more households to receive aid than otherwise would with the same level of funding, but (together with the decline in rural incomes) led to a major reduction in the effectiveness of housing assistance per recipient renter. The share of rural renters with government housing assistance who had to pay more than 35 percent of their income for their housing rose from 27 percent in 1981 to 43 percent in 1987. Costs for these families exceeded federal housing affordability standards even though they were receiving housing assistance.

For the children of rural migrant workers, similarly, federal effort is nowhere near in proportion to the crisis. A report required by Congress and funded by the Farmers Home Administration in 1980 found that there was a shortage of 800,000 housing units for migrant and seasonal farm workers and their families. Since then, according to the Housing Assistance Council, the federal government has been creating new migrant housing at a rate of 535 units per year. At this rate of progress, migrant families will not be housed adequately until the year 3476, even if no existing housing stock were lost.

Federal efforts to help homeless rural children are also far from adequate to meet the need. The federal government has responded to the nationwide homelessness crisis by establishing small, limited programs to meet homeless families' emergency food and shelter needs and to protect homeless children's access to education. Most of these programs are encompassed in the Stewart B. McKinney Homelessness Assistance Act.

Much of the McKinney funds are available to communities through competitive grants. Insufficient to begin with, these McKinney homelessness funds are even less useful to rural communities, which generally lack the staff and resources for extensive research and paperwork, according to Kris Zawisza of the Housing Assistance Council. According to a Council report, less than 5 percent of all McKinney funding now goes to rural areas.

Owners and Renters,
by Receipt of Mortgage and Rental Assistance,
as a Proportion of All Households,
1987

	U.S.	Nonmetro	Metro	City	Suburb
	All Incomes				
All Households (1,000s)	87,711	19,596	68,115	28,885	39,230
%	100.0%	100.0%	100.0%	100.0%	100.0%
Owners	63.2%	72.4%	60.6%	47.3%	70.3%
With mortgage	34.6	30.3	35.8	26.7	42.6
Any government mortgage	13.2	10.6	13.9	13.2	14.5
Federal mortgage	9.7	6.2	10.7	10.0	11.2
FHA	5.8	3.2	6.6	6.4	6.7
VA	3.3	1.6	3.8	3.6	4.0
FmHA	0.5	1.4	0.3	0.1	0.4
State/local	3.5	4.4	3.3	3.2	3.3
Renters	36.8%	27.6%	39.4%	52.7%	29.7%
Rent subsidy	5.5	4.9	5.6	8.9	3.2
Public housing	2.6	2.1	2.8	4.7	1.4
Other, federal	1.7	1.6	1.8	2.6	1.2
Other, state/local	0.6	0.4	0.6	1.0	0.3
Income Verification	0.5	0:7	0.5	0.7	0.3
Total with rent subsidy or government mortgage	18.7%	15.5%	19.6%	22.1%	17.7%

Conclusion and recommendations

Although rural housing generally costs less than housing in metropolitan areas, lower rural incomes mean that low- and middle-income families face similar housing cost burdens nationwide. The available low-cost housing in rural areas also is more likely than in metro areas to be low-quality, meaning that rural children are especially likely to be living under conditions that threaten their safety and health.

To ensure that every American child has a safe and stable home:

1. Congress must enact legislation to ensure housing assistance to all lower income families that need it, following the example of such nations as England, France, and Germany. Without assistance, too many families will continue to face the choice between depriving a child of a safe and minimally decent home, or failing to provide decent food, health care, and other basic necessities.

	U.S.	Nonmetro	Metro	City	Suburb
	Below Poverty				
All Households (1,000s)	11,630	3,605	8,025	4,881	3,146
%	100.0%	100.0%	100.0%	100.0%	100.0%
Owner	37.4%	52.1%	30.8%	21.2%	45.6%
With mortgage	10.4	14.5	8.6	5.9	12.8
Any government mortgage	5.3	7.8	4.2	3.5	5.2
Federal mortgage	3.4	4.4	3.0	2.5	3.7
FHA	2.0	2.2	1.9	1.8	2.2
VA	0.7	0.5	0.8	0.7	0.9
FmHA	0.7	1.7	0.2	0.0	0.6
State/local	1.9	3.4	1.2	1.0	1.5
Renter	62.6%	47.8%	69.3%	78.8%	54.4%
Rent subsidy	22.4	15.1	25.7	31.0	17.5
Public housing	11.4	6.8	13.5	17.1	8.0
Other, federal	6.8	5.4	7.5	8.2	6.2
Other, state/local	2.7	1.2	3.4	4.2	2.2
Income verification	1.5	1.7	1.4	1.5	1.1
Total with rent subsidy or government mortgage	27.7%	29.9%	34.5%	22.8%	22.9%

NOTE: These tables exclude 3,177,000 U.S. households (including 339,000 poor households) for whom assistance information is not available. Government mortgages are those insured or guaranteed by the Federal Housing Administration (FHA), Veterans Administration (VA), or Farmers Home Administration (FmHA), or by state or local government agencies. Rent subsidies include publicly owned housing; direct federal or state/local government subsidies paid in lieu of rent; and landlord-based programs that require landlords to verify tenants' income to receive subsidies. Rent control is not counted as a subsidy.

SOURCE: U.S. Department of Commerce, Bureau of the Census and U.S. Department of Housing and Urban Development (joint publication); *American Housing Survey: 1987* (1990). Calculations by the Children's Defense Fund.

2. As an immediate step, Congress should fully fund all Farmers Home Administration, Housing and Urban Development, and other low-income housing programs at the levels authorized by the National Affordable Housing Act. These programs will boost state and local efforts to create more low-cost rental housing, to subsidize more rental units, and to expand homeownership assistance.

3. State and local governments should develop rent subsidy programs and finance the rehabilitation and construction of affordable housing.

4. Congress should fully fund the Stuart B. McKinney Act to support local emergency services for homeless families to help support health and education services for homeless children.

   State and local governments should develop homelessness prevention programs. Programs should provide emergency payments to families to prevent evictions, and pay for rent and utility arrearages, security deposits, and other move-in costs to families at risk of homelessness. State and local governments should fund and implement initiatives to help families whose children are at risk of placement in foster care, or who cannot return home from foster care because their families are homeless or have inadequate housing.

5. Congress should take several key steps to improve housing quality in rural areas and reduce the health risks to rural children from inadequate sewer systems and contaminated water supplies:

   - Congress should improve rural communities' access to federal funds under the Community Development Block Grant (CDBG), a major national program that in rural areas largely finances home repair and sewer systems. Congress should allow community-based organizations to apply for CDBG funds in small communities where the local government agency does not apply for the funds (for example, because it is understaffed) or where there is no legally incorporated local government. Congress also should expand and target CDBG funding for replacement of contaminated wells and failing septic systems.

   - Congress should establish separate wastewater treatment funding under the Clean Water Act for rural (especially low-income rural) communities and provide funding to help state and local governments accept management of rural families' private drinking water wells.

6. Because Congress and the states must address both components of the housing affordability crisis — low family incomes as well as high housing costs — they must enact the family economic security reforms suggested in Chapters 3 and 4.

Households, by Share of Total Income Spent on Housing, 1987

Share of income spent on housing	Nonmetro	Metro	City	Suburb
All Households				
More than 30%	27.0%	32.3%	37.8%	28.3%
More than 50%	11.2	13.4	17.3	10.5
More than 70%	6.4	7.5	10.0	5.5
Owners				
More than 30%	20.6	21.5	23.2	20.7
More than 50%	7.4	7.0	8.0	6.5
More than 70%	4.0	3.7	4.5	3.2
Renters				
More than 30%	45.9	48.8	50.7	46.3
More than 50%	22.3	23.2	25.4	20.2
More than 70%	13.6	13.3	14.9	11.1
Black				
More than 30%	41.7	44.2	46.0	39.5
More than 50%	19.2	23.0	25.3	16.8
More than 70%	11.0	14.1	15.8	9.6
Latino				
More than 30%	33.6	45.0	48.2	40.1
More than 50%	15.7	19.8	22.3	16.1
More than 70%	9.9	10.8	12.8	7.7
Poor				
More than 30%	74.4	83.2	85.0	80.4
More than 50%	44.8	62.7	63.9	60.7
More than 70%	29.4	44.7	45.4	43.5

Appendix

State tables

The tables that follow give some key state facts about children and the issues covered in this book.

These tables provide the most recent available state data. Table 1 shows the nonmetropolitan population (children and adults combined) as a proportion of the total state population based on the 1990 Decennial Census. Because state-by-state counts of nonmetro children for 1990 are not yet available, Tables 2 and 3 rely on nonmetro numbers from the 1980 Decennial Census. Tables 6 through 8 reflect vital statistics for nonmetro counties, which are available for 1988. Tables 12 and 13 reflect local housing affordability (federally calculated fair market rents) for the lowest cost nonmetro and metro counties in 1990.

The remaining tables are for states as a whole and do not show separate metro and nonmetro data. These tables are included for readers who wish to see how children are doing in key "rural" states and to make cross-state comparisons on key indicators. In some cases (such as child care regulations, or for most states, AFDC grant levels) the tables describe state rules that apply uniformly throughout the state. In other cases (such as the number of poor children or the proportion of births to mothers with early prenatal care), separate data on nonmetro children are not readily available by state.

Table 1

Population:
Percent Living in Nonmetropolitan Counties, 1990

	Percent nonmetro	Rank
Alabama	35.9%	21
Alaska	58.9	12
Arizona	23.9	33
Arkansas	59.9	8
California	4.9	48
Colorado	18.5	37
Connecticut	8.4	46
Delaware	33.6	25
District of Columbia	0.0	50
Florida	10.3	43
Georgia	35.0	22
Hawaii	24.5	32
Idaho	79.5	3
Illinois	17.3	40
Indiana	31.5	28
Iowa	56.0	13
Kansas	47.5	16
Kentucky	53.5	14
Louisiana	30.5	30
Maine	59.7	10
Maryland	7.2	47
Massachusetts	4.6	49
Michigan	19.9	36
Minnesota	32.3	27
Mississippi	69.9	6
Missouri	33.8	24
Montana	76.1	4
Nebraska	51.5	15
Nevada	17.1	41
New Hampshire	38.1	20
New Jersey	0.0	51
New Mexico	59.3	11
New York	9.7	44
North Carolina	43.3	17
North Dakota	59.7	9
Ohio	21.0	35
Oklahoma	40.6	18
Oregon	31.5	29

Table 1 (cont.)

	Percent nonmetro	Rank
Pennsylvania	15.2%	42
Rhode Island	8.7	45
South Carolina	39.4	19
South Dakota	82.2	2
Tennessee	33.9	23
Texas	18.4	38
Utah	22.5	34
Vermont	75.7	5
Virginia	27.5	31
Washington	18.3	39
West Virginia	63.6	7
Wisconsin	32.6	26
Wyoming	86.5	1
United States	22.8%	

NOTE: This table reflects population counts from the 1990 Decennial Census, based on nonmetro and metro counties designated in the 1980 Decennial Census. Updated county designations (based on changes in population and commuting patterns since 1980) are not yet available.

SOURCE: U.S. Department of Agriculture, Economic Research Service, *Rural Conditions and Trends* (Spring 1991).

Table 2

Population:
Children Younger Than 18,
1980

	Number (1,000s)		Nonmetro as % of all areas
	All areas	Nonmetro	
U.S. Total	63,755	15,960	25.0%
Alabama	1,162	441	38.0
Alaska	131	76	58.0
Arizona	791	224	28.3
Arkansas	671	408	60.8
California	6,389	312	4.9
Colorado	809	162	20.0
Connecticut	823	70	8.5
Delaware	166	57	34.3
District of Columbia	143	0	0.0
Florida	2,359	221	9.4
Georgia	1,646	639	38.8
Hawaii	276	61	22.1
Idaho	307	254	82.7
Illinois	3,244	567	17.5
Indiana	1,618	532	32.9
Iowa	826	474	57.4
Kansas	649	325	50.1
Kentucky	1,083	601	55.5
Louisiana	1,331	427	32.1
Maine	322	197	61.2
Maryland	1,168	83	7.1
Massachusetts	1,490	54	3.6
Michigan	2,752	534	19.4
Minnesota	1,172	426	36.3
Mississippi	892	586	65.7
Missouri	1,454	467	32.1
Montana	232	177	76.3
Nebraska	447	244	54.6
Nevada	215	40	18.6
New Hampshire	258	99	38.4
New Jersey	1,991	0	0.0
New Mexico	418	236	56.5
New York	4,688	476	10.2
North Carolina	1,658	778	46.9
North Dakota	191	126	66.0
Ohio	3,095	688	22.2
Oklahoma	855	362	42.3
Oregon	723	249	34.4

Table 2 (cont.)

	Number (1,000s)		Nonmetro as % of all areas
	All areas	Nonmetro	
Pennsylvania	3,123	508	16.3%
Rhode Island	161	22	13.7
South Carolina	942	397	42.1
South Dakota	206	175	85.0
Tennessee	1,298	467	36.0
Texas	4,306	864	20.1
Utah	540	128	23.7
Vermont	145	112	77.2
Virginia	1,475	445	30.2
Washington	1,139	228	20.0
West Virginia	560	365	65.2
Wisconsin	1,358	458	33.7
Wyoming	146	124	84.9

SOURCE: U.S. Department of Commerce, Bureau of the Census, *State and Metropolitan Data Book, 1986* (1986).

Table 3

Families in Poverty, 1979

	Number of poor families (1,000s)			Poverty rate of families		
	U.S.	Nonmetro	Metro	U.S.	Nonmetro	Metro
U.S. Total	5,670	1,769	3,901	9.6%	12.2%	8.8%
Alabama	154	68	87	14.8	17.8	13.3
Alaska	8	6	3	8.4	11.5	6.9
Arizona	68	25	42	9.6	14.6	7.9
Arkansas	94	66	28	15.0	16.9	11.9
California	521	30	491	8.8	10.2	8.7
Colorado	55	15	40	7.4	10.2	6.8
Connecticut	51	3	47	6.3	4.5	6.3
Delaware	14	6	8	9.0	11.5	7.8
District of Columbia	21	0	21	15.7	n.a.	15.7
Florida	268	34	234	10.0	13.9	9.6
Georgia	189	89	100	13.2	16.4	11.3
Hawaii	18	4	13	8.0	8.1	7.3
Idaho	24	21	3	9.7	10.5	6.6
Illinois	247	46	202	8.4	8.2	8.5
Indiana	107	38	70	7.4	7.9	7.2
Iowa	58	38	20	7.5	8.4	6.3
Kansas	47	28	19	7.4	8.5	6.2
Kentucky	144	99	44	14.6	18.3	9.9
Louisiana	163	66	97	15.3	19.8	13.2
Maine	29	19	10	9.9	10.7	8.6
Maryland	82	8	74	7.5	10.2	7.3
Massachusetts	110	4	106	7.6	6.4	7.7
Michigan	198	42	156	8.3	8.9	8.1
Minnesota	73	39	34	7.0	10.2	5.2
Mississippi	121	96	25	18.8	20.9	13.7
Missouri	120	59	61	9.1	12.7	7.2
Montana	19	15	4	9.3	9.7	8.0
Nebraska	33	22	11	8.0	9.4	6.1
Nevada	13	3	10	6.3	7.8	5.9
New Hampshire	15	7	8	6.3	7.3	5.6
New Jersey	148	0	148	7.7	n.a.	7.7
New Mexico	47	29	18	14.2	16.4	11.6
New York	483	39	444	10.9	9.2	11.0
North Carolina	183	06	77	11.6	14.6	9.0
North Dakota	16	113	4	9.6	11.9	6.9
Ohio	228	52	177	8.0	8.5	7.9
Oklahoma	86	48	38	10.4	13.3	8.1

Table 3 (cont.)

	Number of poor families (1,000s)			Poverty rate of families		
	U.S.	Nonmetro	Metro	U.S.	Nonmetro	Metro
Oregon	54	22	33	7.7%	9.2%	7.2%
Pennsylvania	245	39	206	7.8	7.9	7.8
Rhode Island	19	2	17	7.8	9.7	7.6
South Carolina	106	53	53	13.2	16.4	11.0
South Dakota	23	21	2	13.0	14.1	7.1
Tennessee	164	70	94	13.1	15.4	11.8
Texas	412	14	299	11.2	14.5	10.3
Utah	27	1 7	20	7.7	8.6	7.4
Vermont	11	10	2	8.6	9.9	7.2
Virginia	129	49	80	9.2	11.4	8.3
Washington	78	20	58	7.2	9.2	6.7
West Virginia	62	45	18	11.7	13.6	9.1
Wisconsin	77	31	46	6.4	7.6	5.7
Wyoming	7	6	1	5.8	5.8	5.3

SOURCE: U.S. Department of Commerce, Bureau of the Census, *State and Metropolitan Data Book, 1986* (1986).

Table 4

Poverty Among Children Younger Than 18, Average for 1983-1987

	Estimated number of poor children	Poor children as % of all children	Rank
Alabama	348,000	31.7%	50
Alaska	21,000	12.7	3
Arizona	183,000	21.2	32
Arkansas	192,000	29.0	46
California	1,512,000	21.4	35
Colorado	131,000	16.2	16
Connecticut	86,000	11.8	2
Delaware	24,000	15.3	10
District of Columbia	39,000	31.3	49
Florida	575,000	21.1	31
Georgia	381,000	24.2	43
Hawaii	46,000	16.7	19
Idaho	67,000	21.7	36
Illinois	730,000	22.8	38
Indiana	259,000	18.4	23
Iowa	170,000	21.3	33
Kansas	96,000	14.5	7
Kentucky	238,000	23.6	41
Louisiana	390,000	30.6	48
Maine	48,000	16.0	14
Maryland	133,000	13.0	4
Massachusetts	204,000	14.1	6
Michigan	564,000	22.7	37
Minnesota	186,000	16.3	17
Mississippi	257,000	34.3	51
Missouri	268,000	20.5	29
Montana	48,000	20.1	27
Nebraska	86,000	18.7	25
Nevada	39,000	15.2	9
New Hampshire	15,000	6.2	1
New Jersey	288,000	15.5	11
New Mexico	117,000	27.5	45
New York	1,031,000	23.6	41
North Carolina	294,000	19.5	26
North Dakota	33,000	16.4	18
Ohio	581,000	20.2	28
Oklahoma	188,000	21.0	30
Oregon	121,000	17.7	22

Table 4 (cont.)

	Estimated number of poor children	Poor children as % of all children	Rank
Pennsylvania	516,000	18.4%	23
Rhode Island	38,000	16.7	19
South Carolina	215,000	23.5	40
South Dakota	43,000	21.3	33
Tennessee	293,000	25.2	44
Texas	1,079,000	23.3	39
Utah	81,000	13.2	5
Vermont	22,000	16.1	15
Virginia	207,000	14.9	8
Washington	194,000	16.9	21
West Virginia	155,000	30.4	47
Wisconsin	199,000	15.8	13
Wyoming	23,000	15.5	11
United States	13,054,000	20.9%	

SOURCE: U.S. Department of Commerce, Bureau of the Census, unpublished estimates of the number of poor related children, 1983-1987; and U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, Series P-25, No. 1024, State Population and Household Estimates, With Age, Sex, and Components of Change: 1981-87 (1988), Table 5. Ranks by the Children's Defense Fund.

Table 5

Maximum AFDC Grant for a Family of Three, as a Percent of Poverty-Level Income, January 1991

	Maximum grant	As percent of poverty	Rank
Alabama	$124	14.3%	50
Alaska	891	82.1	1
Arizona	293	33.8	38
Arkansas	204	23.5	46
California	694	80.0	3
Colorado	356	41.0	29
Connecticut	680	78.3	4
Delaware	338	38.9	32
District of Columbia	428	49.3	16
Florida	294	33.9	37
Georgia	280	32.3	41
Hawaii	632	63.3	6
Idaho	317	36.5	35
Illinois	367	42.3	26
Indiana	288	33.2	40
Iowa	426	49.1	17
Kansas	409	47.1	20
Kentucky	228	26.3	44
Louisiana	190	21.9	48
Maine	453	52.2	14
Maryland	406	46.8	21
Massachusetts	539	62.1	10
Michigan*	555	63.9	7
Minnesota	532	61.3	11
Mississippi	120	13.8	51
Missouri	292	33.6	39
Montana	370	42.6	25
Nebraska	364	41.9	27
Nevada	330	38.0	34
New Hampshire	546	62.9	9
New Jersey	424	48.8	18
New Mexico	310	35.7	36
New York**	703	81.0	2
North Carolina	272	31.3	42
North Dakota	401	46.2	23
Ohio	334	38.5	33
Oklahoma	341	39.3	31
Oregon	444	51.2	15

Table 5 (cont.)

	Maximum grant	As percent of poverty	Rank
Pennsylvania	$421	48.5%	19
Rhode Island	554	63.8	8
South Carolina	210	24.2	45
South Dakota	385	44.4	24
Tennessee	195	22.5	47
Texas	184	21.2	49
Utah	402	46.3	22
Vermont	679	78.2	5
Virginia	354	40.8	30
Washington	531	61.2	12
West Virginia	249	28.7	43
Wisconsin	517	59.6	13
Wyoming	360	41.5	28
U.S. median	$367	42.3%	

* Data are for Washtenaw County.

** Data are for Suffolk County.

NOTE: Maximum grant is the amount normally given to a family with no other income.

SOURCE: U.S. House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs: 1991 Green Book* (1991), Table 7, pp. 597-598. Calculations by the Children's Defense Fund.

Table 6

Infant Mortality:
Deaths of Children Younger Than One Year,
1988

	All areas			Rural (nonmetro)		
	Number	Rate	Rank	Number	Rate	Rank
U.S. Total	38,910	10.0		8,288	9.8	
Alabama	736	12.1	46	262	12.0	41
Alaska	130	11.6	44	79	11.7	39
Arizona	637	9.7	25	149	9.2	23
Arkansas	374	10.7	36	214	10.9	37
California	4,573	8.6	13	217	8.8	18
Colorado	510	9.6	24	84	10.1	31
Connecticut	426	8.9	17	28	—	—
Delaware	123	11.8	45	51	14.4	46
District of Columbia	245	23.2	51	—	—	—
Florida	1,952	10.6	34	242	11.3	38
Georgia	1,331	12.6	50	509	13.2	44
Hawaii	137	7.2	2	31	6.9	2
Idaho	138	8.8	16	112	8.8	19
Illinois	2,083	11.3	42	229	8.7	16
Indiana	899	11.0	39	228	10.0	29
Iowa	331	8.7	14	158	7.6	6
Kansas	309	8.0	7	140	7.7	7
Kentucky	544	10.7	35	269	10.0	28
Louisiana	814	11.0	40	281	10.4	35
Maine	136	7.9	5	50	7.1	3
Maryland	854	11.3	43	84	10.1	33
Massachusetts	695	7.9	4	28	—	—
Michigan	1,544	11.1	41	196	8.7	17
Minnesota	521	7.8	3	158	8.2	12
Mississippi	516	12.3	47	374	12.4	43
Missouri	773	10.1	31	249	10.7	36
Montana	102	8.7	15	81	9.3	24
Nebraska	215	9.0	20	96	8.1	10
Nevada	152	8.4	11	27	—	—
New Hampshire	144	8.3	9	61	10.1	32
New Jersey	1,168	9.9	27	83	7.6	5
New Mexico	270	10.0	29	152	10.1	30
New York	3,017	10.8	37	196	7.8	8
North Carolina	1,215	12.5	49	567	13.4	45
North Dakota	106	10.5	33	71	11.8	40

Table 6 (cont.)

	All areas			Rural (nonmetro)		
	Number	Rate	Rank	Number	Rate	Rank
Ohio	1,565	9.7	26	278	9.1	22
Oklahoma	429	9.0	23	145	8.5	13
Oregon	343	8.6	12	107	8.1	9
Pennsylvania	1,643	9.9	28	226	8.5	14
Rhode Island	116	8.2	8	8	—	—
South Carolina	677	12.3	48	266	12.3	42
South Dakota	113	10.1	30	93	10.1	34
Tennessee	761	10.8	38	214	9.5	26
Texas	2,724	9.0	19	435	9.3	25
Utah	287	8.0	6	52	7.2	4
Vermont	55	6.8	1	40	6.6	1
Virginia	967	10.4	32	198	8.9	20
Washington	654	9.0	22	118	9.5	27
West Virginia	197	9.0	21	124	8.9	21
Wisconsin	595	8.4	10	174	8.1	11
Wyoming	64	8.9	18	54	8.7	15

NOTE: Rates are per 1,000 live births. Rates are not calculated if the number of births is less than 10. Ranks for all areas are based on 50 states and the District of Columbia. Ranks for nonmetro areas are based on 46 states: four states had too few nonmetro deaths to estimate a reliable rate, and the District of Columbia contains no nonmetropolitan areas. (Elsewhere, this report notes that New Jersey also contains no nonmetropolitan areas. But federal Vital Statistics are based on an older list of metro and nonmetro counties defined by the Office of Management and Budget in 1981, when parts of New Jersey were still considered rural.)

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of The United States: 1988* (1991). Ranks calculated by the Children's Defense Fund.

Table 7

Postneonatal Mortality: Deaths of Children Ages 28 Days to One Year, 1988

	All areas			Rural (nonmetro)		
	Number	Rate	Rank	Number	Rate	Rank
U.S. Total	14,220	3.6		3,369	4.0	
Alabama	248	4.1	31	91	4.2	21
Alaska	73	6.5	49	43	6.4	37
Arizona	251	3.8	24	74	4.5	28
Arkansas	150	4.3	36	91	4.6	29
California	1,826	3.4	18	105	4.2	22
Colorado	210	3.9	27	30	3.6	9
Connecticut	127	2.6	3	7	—	—
Delaware	31	3.0	5	15	—	—
District of Columbia	60	5.7	48	—	—	—
Florida	676	3.7	22	93	4.4	26
Georgia	452	4.3	35	189	4.9	31
Hawaii	38	2.0	1	7	—	—
Idaho	79	5.0	47	64	5.0	34
Illinois	747	4.0	30	96	3.6	10
Indiana	369	4.5	41	98	4.3	23
Iowa	124	3.3	12	57	2.7	2
Kansas	119	3.1	6	61	3.3	7
Kentucky	228	4.5	39	110	4.1	16
Louisiana	293	4.0	28	107	3.9	15
Maine	47	2.7	4	20	—	—
Maryland	251	3.3	13	27	—	—
Massachusetts	216	2.4	2	16	—	—
Michigan	474	3.4	16	83	3.7	12
Minnesota	206	3.1	7	71	3.7	13
Mississippi	198	4.7	44	137	4.5	27
Missouri	285	3.7	23	101	4.3	25
Montana	49	4.2	33	41	4.7	30
Nebraska	87	3.6	21	32	2.7	1
Nevada	86	4.8	45	15	—	—
New Hampshire	54	3.1	8	23	—	—
New Jersey	373	3.2	10	26	—	—
New Mexico	105	3.9	26	65	4.3	24
New York	936	3.3	14	75	3.0	4
North Carolina	439	4.5	40	215	5.1	35
North Dakota	49	4.9	46	35	5.8	36

Table 7 (cont.)

	All areas			Rural (nonmetro)		
	Number	Rate	Rank	Number	Rate	Rank
Ohio	578	3.6	20	112	3.7	11
Oklahoma	182	3.8	25	70	4.1	19
Oregon	160	4.0	29	54	4.1	17
Pennsylvania	531	3.2	11	74	2.8	3
Rhode Island	29	—	—	3	—	—
South Carolina	227	4.1	32	85	3.9	14
South Dakota	52	4.6	43	46	5.0	33
Tennessee	304	4.3	37	94	4.2	20
Texas	1,036	3.4	17	190	4.1	18
Utah	152	4.2	34	28	—	—
Vermont	21	—	—	14	—	—
Virginia	331	3.6	19	78	3.5	8
Washington	321	4.4	38	61	4.9	32
West Virginia	69	3.2	9	46	3.3	6
Wisconsin	238	3.4	15	67	3.1	5
Wyoming	33	4.6	42	27	—	—

NOTE: Rates are per 1,000 live births. Rates are not calculated if the number of births is less than 30. Ranks for all areas are based on 48 states and the District of Columbia: two states had too few deaths to estimate a reliable rate. Ranks for nonmetro areas are based on 37 states: 13 states had too few nonmetro deaths to estimate a reliable rate, and the District of Columbia contains no nonmetropolitan areas. (Elsewhere, this report notes that New Jersey also contains no nonmetropolitan areas. But federal Vital Statistics are based on an older list of metro and nonmetro counties defined by the Office of Management and Budget in 1981, when parts of New Jersey were still considered rural.)

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of The United States: 1988* (1991). Ranks calculated by the Children's Defense Fund.

Table 8

Low-Birthweight Births: Number and as a Percent of All Births, 1988

	All areas			Rural (nonmetro)		
	Number	Rate	Rank	Number	Rate	Rank
U.S. Total	270,681	6.9%		54,998	6.5%	
Alabama	4,866	8.0	43	1,771	8.1	46
Alaska	558	5.0	5	321	4.7	8
Arizona	4,088	6.2	20	1,051	6.5	31
Arkansas	2,870	8.2	46	1,543	7.8	44
California	32,001	6.0	17	1,294	5.2	16
Colorado	4,186	7.8	41	600	7.2	42
Connecticut	3,238	6.7	25	218	5.7	21
Delaware	765	7.4	36	253	7.2	41
District of Columbia	1,507	14.3	51	—	—	—
Florida	14,119	7.7	39	1,641	7.7	43
Georgia	8,858	8.4	47	3,293	8.6	48
Hawaii	1,311	6.9	29	311	6.9	35
Idaho	808	5.1	8	655	5.2	14
Illinois	13,793	7.5	37	1,532	5.8	26
Indiana	5,365	6.6	23	1,314	5.7	25
Iowa	2,072	5.4	11	1,043	5.0	12
Kansas	2,379	6.1	19	1,040	5.7	22
Kentucky	3,421	6.7	24	1,829	6.8	33
Louisiana	6,504	8.8	49	2,279	8.4	47
Maine	832	4.8	4	334	4.7	6
Maryland	6,136	8.1	45	583	7.0	38
Massachusetts	5,286	6.0	16	177	4.9	10
Michigan	10,192	7.3	35	1,230	5.4	19
Minnesota	3,322	5.0	6	889	4.6	2
Mississippi	3,668	8.7	48	2,687	8.9	49
Missouri	5,221	6.8	26	1,498	6.4	30
Montana	696	6.0	15	500	5.7	24
Nebraska	1,319	5.5	13	621	5.3	17
Nevada	1,358	7.5	38	204	6.8	34
New Hampshire	837	4.8	3	324	5.4	18
New Jersey	8,285	7.0	32	562	5.1	13
New Mexico	1,950	7.2	34	1,062	7.0	39
New York	21,774	7.8	40	1,425	5.7	20
North Carolina	7,823	8.0	44	3,410	8.1	45
North Dakota	485	4.8	2	286	4.7	7

Table 8 (cont.)

	All areas			Rural (nonmetro)		
	Number	Rate	Rank	Number	Rate	Rank
Ohio	11,017	6.9%	28	1,791	5.9%	27
Oklahoma	3,102	6.5	22	1,069	6.3	28
Oregon	2,101	5.2	9	636	4.8	9
Pennsylvania	11,417	6.9	30	1,521	5.7	23
Rhode Island	854	6.0	18	54	4.6	3
South Carolina	4,935	9.0	50	2,048	9.5	50
South Dakota	523	4.7	1	429	4.7	4
Tennessee	5,556	7.9	42	1,581	7.0	37
Texas	20,727	6.8	27	3,030	6.5	32
Utah	2,048	5.7	14	373	5.2	15
Vermont	406	5.0	7	299	4.9	11
Virginia	6,549	7.0	31	1,555	7.0	36
Washington	3,804	5.2	10	584	4.7	5
West Virginia	1,389	6.4	21	872	6.3	29
Wisconsin	3,856	5.4	12	935	4.4	1
Wyoming	504	7.0	33	441	7.1	40

NOTE: Low birthweight is less than 5.5 pounds at birth. Ranks are based on 50 states and the District of Columbia. The District of Columbia contains no nonmetropolitan areas. (Elsewhere, this report notes that New Jersey also contains no nonmetropolitan areas. But federal Vital Statistics are based on an older list of metro and nonmetro counties defined by the Office of Management and Budget in 1981, when parts of New Jersey were still considered rural.)

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of The United States: 1988* (1991). Ranks calculated by the Children's Defense Fund.

Table 9

Percent of Babies Born to Mothers Receiving Early Prenatal Care, 1988

	Percent	Rank
Alabama	73.1%	42
Alaska	79.3	20
Arizona	67.9	47
Arkansas	68.3	46
California	75.3	35
Colorado	77.4	27
Connecticut	83.1	5
Delaware	79.7	18
District of Columbia	61.2	50
Florida	70.1	45
Georgia	73.3	41
Hawaii	76.6	30
Idaho	74.8	36
Illinois	78.1	25
Indiana	78.2	24
Iowa	85.4	1
Kansas	81.6	11
Kentucky	76.7	29
Louisiana	74.3	38
Maine	82.8	7
Maryland	81.2	13
Massachusetts	83.4	4
Michigan	79.9	16
Minnesota	79.8	17
Mississippi	75.9	32
Missouri	79.2	21
Montana	77.7	26
Nebraska	82.4	9
Nevada	72.0	43
New Hampshire	84.1	2
New Jersey	79.7	18
New Mexico	54.9	51
New York	74.8	36
North Carolina	75.7	33
North Dakota	81.9	10
Ohio	81.6	11
Oklahoma	73.6	40
Oregon	73.9	39

Table 9 (cont.)

	Percent	Rank
Pennsylvania	78.9%	22
Rhode Island	84.0	3
South Carolina	64.7	49
South Dakota	76.6	30
Tennessee	75.5	34
Texas	66.9	48
Utah	82.6	8
Vermont	80.6	15
Virginia	80.7	14
Washington	77.1	28
West Virginia	71.2	44
Wisconsin	83.1	5
Wyoming	78.4	23
U.S. total	75.9%	

NOTE: Early prenatal care is care received during the first three months of pregnancy.

SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1988, Vol. I — Natality* (1990). Calculations by the Children's Defense Fund.

Table 10

Requirement That Family Day Care Homes Serving Five Unrelated Children Be Regulated and Inspected, April 1990

	Does the state have a requirement?
Alabama	Yes
Alaska	Yes
Arizona	Yes
Arkansas	No
California	Yes
Colorado	Yes
Connecticut	Yes
Delaware	Yes
District of Columbia	Yes
Florida	No
Georgia	No
Hawaii	Yes
Idaho	No
Illinois	Yes
Indiana	No
Iowa	No
Kansas	No
Kentucky	Yes
Louisiana	No
Maine	No
Maryland	Yes
Massachusetts	Yes
Michigan	Yes
Minnesota	Yes
Mississippi	No
Missouri	Yes
Montana	No
Nebraska	Yes
Nevada	Yes
New Hampshire	Yes
New Jersey	No
New Mexico	Yes
New York	Yes
North Carolina	Yes
North Dakota	No

Table 10 (cont.)

	Does the state have a requirement?
Ohio	No
Oklahoma	Yes
Oregon	No
Pennsylvania	No
Rhode Island	Yes
South Carolina	No
South Dakota	No
Tennessee	Yes
Texas	No
Utah	Yes
Vermont	No
Virginia	No
Washington	Yes
West Virginia	No
Wisconsin	Yes
Wyoming	Yes

SOURCE: Gina C. Adams, *Who Knows How Safe? The Status of State Efforts to Ensure Quality Child Care*, Children's Defense Fund (1990), Table 1.

Table 11

Expenditure Per Pupil in Average Daily Attendance in Public Elementary and Secondary Schools, 1987-1988, and Percent Change Since 1979-1980

(adjusted for inflation)

	Expenditure, 1987-1988	Rank	% change since 1979-1980	Rank
Alabama	$2,718	48	13.0%	45
Alaska	7,971	1	13.0	45
Arizona	3,744	34	27.3	22
Arkansas	2,989	47	27.2	23
California	3,840	31	13.5	42
Colorado	4,462	16	23.5	28
Connecticut	6,230	4	72.5	2
Delaware	5,017	11	17.5	37
District of Columbia	6,132	5	26.1	25
Florida	4,092	25	45.2	5
Georgia	3,434	39	41.6	6
Hawaii	3,919	29	13.1	44
Idaho	2,667	49	7.7	48
Illinois	4,369	19	13.2	43
Indiana	3,794	32	35.1	11
Iowa	4,124	24	18.8	35
Kansas	4,076	26	25.7	26
Kentucky	3,011	46	18.6	36
Louisiana	3,138	43	17.4	38
Maine	4,258	20	56.5	3
Maryland	5,201	9	34.2	13
Massachusetts	5,471	6	30.0	18
Michigan	4,692	15	19.1	34
Minnesota	4,386	18	23.1	29
Mississippi	2,548	50	2.6	50
Missouri	3,786	33	31.0	16
Montana	4,246	21	14.9	40
Nebraska	3,943	28	22.9	30
Nevada	3,623	36	16.3	39
New Hampshire	4,457	17	55.9	4
New Jersey	6,564	3	37.8	9
New Mexico	3,691	35	21.6	32
New York	7,151	2	38.4	8
North Carolina	3,368	41	28.6	20
North Dakota	3,519	38	22.8	31

Table 11 (cont.)

	Expenditure, 1987-1988	Rank	% change since 1979-1980	Rank
Ohio	$3,998	27	29.1%	19
Oklahoma	3,093	44	7.6	49
Oregon	4,789	13	19.2	33
Pennsylvania	4,989	12	31.9	15
Rhode Island	5,329	7	37.3	10
South Carolina	3,408	40	30.4	17
South Dakota	3,249	42	14.1	41
Tennessee	3,068	45	25.7	26
Texas	3,608	37	26.2	24
Utah	2,454	51	-0.7	51
Vermont	5,207	8	74.7	1
Virginia	4,149	23	41.1	7
Washington	4,164	22	8.7	47
West Virginia	3,858	30	34.7	12
Wisconsin	4,747	14	28.4	21
Wyoming	5,051	10	34.0	14
U.S. total	$4,243		25.2%	

NOTE: Expenditures are current expenditures and exclude capital outlays.

SOURCE: U.S. Department of Education, National Center for Education Statistics, *Digest of Education Statistics: 1990* (1991), Table 155. Calculations by the Children's Defense Fund.

Table 12

Housing Affordability: Fair Market Rent Compared With Poverty-Level Income, October 1990

	Fair Market Rent		As % of poverty-level income	
	Nonmetro	Metro	Nonmetro	Metro
Alabama	$285	$321	32.8%	37.0
Alaska	534	547	49.2	50.4
Arizona	411	564	47.3	65.0
Arkansas	267	366	30.8	42.2
California	436	434	50.2	50.0
Colorado	396	463	45.6	53.3
Connecticut	493	555	56.8	63.9
Delaware	476	594	54.8	68.4
District of Columbia	—	731	—	84.2
Florida	286	351	32.9	40.4
Georgia	270	358	31.1	41.2
Hawaii	640	695	64.1	69.6
Idaho	423	543	48.7	62.5
Illinois	328	445	37.8	51.3
Indiana	312	366	35.9	42.2
Iowa	363	432	41.8	49.8
Kansas	305	437	35.1	50.3
Kentucky	278	351	32.0	40.4
Louisiana	258	376	29.7	43.3
Maine	396	488	45.6	56.2
Maryland	395	383	45.5	44.1
Massachusetts	514	548	59.2	63.1
Michigan	347	393	40.0	45.3
Minnesota	363	440	41.8	50.7
Mississippi	272	375	31.3	43.2
Missouri	298	338	34.3	38.9
Montana	418	451	48.1	51.9
Nebraska	325	432	37.4	49.8
Nevada	554	636	63.8	73.3
New Hampshire	504	628	58.0	72.3
New Jersey	—	497	—	57.2
New Mexico	349	416	40.2	47.9
New York	393	427	45.3	49.2
North Carolina	303	353	34.9	40.7
North Dakota	342	427	39.4	49.2

Table 12 (cont.)

	Fair Market Rent		As % of poverty-level income	
	Nonmetro	Metro	Nonmetro	Metro
Ohio	$338	$372	38.9%	42.8%
Oklahoma	262	370	30.2	42.6
Oregon	483	492	55.6	56.7
Pennsylvania	401	388	46.2	44.7
Rhode Island	534	559	61.5	64.4
South Carolina	302	349	34.8	40.2
South Dakota	315	401	36.3	46.2
Tennessee	283	362	32.6	41.7
Texas	292	366	33.6	42.2
Utah	433	412	49.9	47.5
Vermont	435	639	50.1	73.6
Virginia	313	362	36.0	41.7
Washington	388	436	44.7	50.2
West Virginia	314	383	36.2	44.1
Wisconsin	356	405	41.0	46.6
Wyoming	390	497	44.9	57.2

NOTE: The Fair Market Rent is defined by the U.S. Department of Housing and Urban Development (HUD) as the amount equal to or more than what is paid for rent by 45 percent of households who have recently moved. HUD calculates this for different apartment sizes and for each county. For each state, we used the rent for a two-bedroom apartment in the nonmetro and metro counties that had the lowest rent. To determine what percentage of a poverty-level income that was, we used the Census Bureau's monthly poverty threshold for a family of three in 1990 as reported in U.S. House of Representatives, Committee on Ways and Means, *1991 Green Book*, p. 598.

SOURCE: *Federal Register*, Vol. 55, No. 190 (October 1, 1990), pp. 40044-40117; and U.S. House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs: 1991 Green Book* (1991), p. 598. Calculations by the Children's Defense Fund.

Table 13

Housing Affordability: Fair Market Rent Compared With Minimum-Wage Income, October 1990

	Fair Market Rent as % of full-time minimum-wage income			
	Nonmetro	Rank	Metro	Rank
Alabama	43%	8	49%	1
Alaska	80	47	82	42
Arizona	62	36	86	45
Arkansas	41	3	56	10
California	59	29	59	19
Colorado	60	34	70	36
Connecticut	67	42	75	38
Delaware	72	43	90	46
District of Columbia	—	—	108	51
Florida	43	9	53	4
Georgia	41	4	54	7
Hawaii	96	49	104	50
Idaho	64	38	82	43
Illinois	50	20	68	34
Indiana	47	15	56	12
Iowa	54	28	65	28
Kansas	46	14	66	32
Kentucky	42	6	53	5
Louisiana	39	1	57	16
Maine	59	31	73	37
Maryland	60	33	58	18
Massachusetts	78	46	83	44
Michigan	53	24	60	22
Minnesota	53	26	64	27
Mississippi	41	5	57	15
Missouri	45	11	51	2
Montana	63	37	68	35
Nebraska	49	19	66	31
Nevada	84	48	97	48
New Hampshire	77	45	95	47
New Jersey	—	—	75	39
New Mexico	53	25	63	26
New York	60	32	65	29
North Carolina	46	13	54	6
North Dakota	52	22	65	30

Table 13 (cont.)

	Fair Market Rent as % of full-time minimum-wage income			
	Nonmetro	Rank	Metro	Rank
Ohio	51%	21	56%	14
Oklahoma	40	2	56	13
Oregon	66	39	67	33
Pennsylvania	61	35	59	20
Rhode Island	72	44	76	41
South Carolina	46	12	53	3
South Dakota	48	18	61	23
Tennessee	43	7	55	8
Texas	44	10	56	11
Utah	66	40	63	25
Vermont	66	41	97	49
Virginia	48	16	55	9
Washington	53	23	59	21
West Virginia	48	17	58	17
Wisconsin	54	27	61	24
Wyoming	59	30	75	40

NOTE: The Fair Market Rent is defined by the U.S. Department of Housing and Urban Development (HUD) as the amount equal to or more than what is paid for rent each month by 45 percent of households who have recently moved. HUD calculates this for different apartment sizes and for each county. In each state, we used the rent for a two-bedroom apartment in the nonmetro and metro counties that had the lowest rent. To determine what percentage of a minimum-wage income that was, we used the federal minimum hourly wage of $3.80 in October 1990 (or the state's minimum wage, as compiled by the Center on Budget and Policy Priorities, if this was higher), and assumed 173 hours of work per month (equivalent to 40 hours per week year-round). Ranks are based on 49 states: New Jersey and the District of Columbia contain no nonmetro counties.

SOURCE: *Federal Register*, Vol. 55, No. 190 (October 1, 1990), pp. 40044-40117; and Center on Budget and Policy Priorities, unpublished compilation of state minimum wage provisions. Calculations by the Children's Defense Fund.

Notes

Chapter 1: Rural Children and Families: Who They Are

1. The 1970s were an exception to the pattern of rural population decline. From 1970 to about 1978, population grew fastest in nonmetro areas as more Americans moved out of metro areas than moved in. Possible explanations for this decade-long shift have focused on improved rural job prospects in the 1970s, lower crime rates relative to metro areas, the growing popularity of rural areas as a destination for retirees, and rising metro housing prices. In any case, the economic and demographic "rural renaissance" of the 1970s was brief. One study showed metro and rural populations growing at roughly equal rates at the beginning of the early 1980s. By the mid-1980s, the metro growth advantage had returned.

2. As part of the updates based on the 1980 Decennial Census, the metropolitan definition was also broadened somewhat to count more types of areas as metropolitan.

Chapter 2: The Rural Economic Landscape

1. Among persons who are neither black nor white, similarly, the unemployment rate is far higher in rural areas: 11.6 percent, compared with 5.5 percent in metro areas. In rural areas, persons who are neither white nor black tend to be Native American (a group that is severely disadvantaged by many economic and social standards), whereas in metro areas they tend to be Asian or Pacific Islanders (who tend to be less disadvantaged than Native Americans).

2. Most metro and rural data in this report are based on the designations in use at the time of the relevant Current Population Survey, the Census Bureau's chief source of annual social and economic data on American families. The county designations used with the Current Population Survey normally are updated about once every 10 years. The most recent update affected the Current Population Survey of families' income in 1985 (the survey was taken the following March) and later years. The update was based on population and commuting data from the 1980 Decennial Census.

A notable exception to the updates are the figures on average earnings per job in Chapter 2. These data are based on a constant list of metro counties and, unlike the Current Population Survey data, are not affected by the creation of new metro counties over time.

Both types of data — those affected and those unaffected by the updates — tend to show a similar pattern of declining economic fortunes in nonmetropolitan areas during the 1980s.

Notes to Pages 33-56

Chapter 3: Child Poverty in Rural America

1. A child is considered poor by federal standards if he or she lives in a family with yearly income below the poverty threshold for a family of the appropriate size. For example, a family of three was poor if it had income of less than $10,419 in 1990. A family of four was poor if it had income of less than $13,359. These thresholds are adjusted each year for inflation but not for geographic differences in cost of living.

2. Wage figures are for production and nonsupervisory workers (generally, most workers excluding top managers) in private, nonagricultural industries.

3. *Washington Post*. "Even the Farmer's Wife Buys Her Turkey in Town," November 18, 1990, page F1.

Chapter 4: Public Cash and Food Assistance for the Rural Poor

1. There are no separate data on the antipoverty effectiveness of government programs for nonmetro and metro families *with children*. For families of all types, government cash benefits in 1990 lifted out of poverty 44 percent of nonmetro (and 39 percent of metro) families that would have been poor in the absence of cash benefits. However, these figures are influenced heavily by the powerful antipoverty impact of government programs on elderly families, which are usually childless. Nationwide, government benefits lifted 83 percent of would-be poor elderly families out of poverty, due largely to two programs: Social Security and Supplemental Security Income. Far fewer families headed by someone younger than 55 — only 12 percent — were lifted out of poverty. The success of programs like Social Security in lifting the elderly out of poverty has a disproportionate impact in nonmetro areas, which are disproportionately elderly. Some Census Bureau data suggest that the antipoverty effectiveness of other, means-tested benefits (benefits that are more likely than Social Security to focus on poor families with children) is actually *lower* for nonmetro than metro families.

2. A quarter of work is defined as a quarter in which an individual earns at least $50 *or* participated in the state's Job Opportunities and Basic Skills (welfare-to-work) program *or* (at state option) attended school or training.

3. Figures refer to effective eligibility levels. Source: U.S. House of Representatives, Committee on Ways and Means. Calculations by the Children's Defense Fund.

4. The amount for an "average" poor rural family was derived by taking an average of all states' maximum benefits, weighted by state to reflect the number of poor *rural* families living in each state.

Notes to Pages 57-97

5. The amount for an "average" poor metro family was derived by taking an average of all states' maximum benefits, weighted by state to reflect the number of poor *metro* families living in each state.

6. Rent reflects the U.S. Department of Housing and Urban Development's 1990 "fair market rent" for the lowest cost nonmetro (or metro) county in the state. AFDC recipient children are as of February 1989. AFDC benefit levels are as of January 1990.

7. The analysis reported here may understate the gap in AFDC benefits available to rural and metro families. The analysis took a single benefit level to be representative of each state. Yet in a handful of states, maximum benefits are adjusted by area, most often in an attempt to account for geographic differences in the cost of shelter (although many analysts feel there is no reliable measure of these geographic cost differences). The likely effect of the within-state adjustments is to widen the gap further in rural and metro AFDC payment levels.

8. Source: Special tabulations for the Children's Defense Fund by the U.S. Bureau of Economic Analysis, based on the Regional Economic Information System.

9. Nineteen percent of families that received "long-term" unemployment compensation (for at least four consecutive months in 1984, 1985, or 1986) had monthly income below the monthly poverty line. If income from unemployment compensation is not counted, 46 percent would fall below the monthly poverty level. Source: U.S. House of Representatives, Committee on Ways and Means.

Chapter 6: Rural Child Care and Early Childhood Education

1. Florence Glasser, *Rural Child Care: A Final Report*, North Carolina Equity Project, 1990.

2. Although a majority of center-based programs are not operating at 100 percent of capacity, the study explains that, "even when supply is insufficient, one would not expect 100 percent utilization due to vacancies that temporarily exist because of turnover in enrollment."

3. Cited in Florence Glasser, *Rural Child Care: A Final Report*, North Carolina Equity Project, 1990.

4. The program promotes preschool programs for three- and four-year-olds "at risk" of school failure due to low income, limited English proficiency or developmental delays. While giving grantees ample flexibility to meet local needs, the program requires all grantees in Vermont to follow guidelines to ensure transportation as well as opportunities for parental education and collaboration with local organizations.

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5. According to National Health Interview Survey data, rural areas contain 23 percent of all American children younger than six but contain a larger share — 26 percent — of the children in family-based child care. According to Mathematica's study, rural areas contain 25 percent of all American children younger than five but a smaller share — 23 percent — of children in regulated family care.

Chapter 7: Rural Education

1. Unlike other Census Bureau dropout figures cited here, these figures for adult family heads include dropouts who presently are enrolled in school.

2. These numbers may be based on a very small sample.

3. This comparison is understated because it only counts those nonenrolled migrant children who find their way into an interstate data base, called the National Migrant Student Record Transfer System — for example, because they attended school in a recent prior year.

4. Source: National Association of Migrant Educators, "Harvest of Hope."

Chapter 8: Rural Housing

1. *Fair market rents*: In 1979 the U.S. Department of Housing and Urban Development (HUD) defined fair market rent as the median rent paid by recent movers with standard quality housing. In 1990 HUD made two changes to the definition of fair market rent: it used rent paid by the 45th percentile of recent movers, rather than the 50th percentile (median), and excluded public housing.

Minimum wage income: Full-time earnings at the 1990 federal minimum wage of $3.80 an hour came to $659 a month. Eleven states had state minimums that exceeded this federal minimum. The highest state minimum wage came to $747 a month and was used by California, Connecticut, Oregon, Rhode Island, and Washington State.

Excluded states: New Jersey and the District of Columbia are excluded from the analysis because they contain no rural (nonmetro) counties.

2. The Ohio study defined rural counties as all counties except those containing a city of 50,000 or more. This definition of rural includes some "suburban" counties on the outskirts of metropolitan areas, as well as truly nonmetro counties.

3. Data for "rural towns" come from the American Housing Survey, which designates them as "urban" areas located outside of metropolitan statistical areas. Rural areas outside these rural towns are designated in the survey as "rural" areas located outside metropolitan statistical areas.

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4. Substandard housing is housing with severe or moderate physical problems. The American Housing Survey defines severe and moderate physical problems based on such deficiencies as: basic plumbing (running water, a flush toilet, and a bathtub or shower) is missing or frequently broken; heating frequently is broken in winter or heater fumes are not vented; electric wiring is missing or exposed or frequently causes blown fuses or circuit breakers; poor upkeep has led to leaks, holes, peeling paint or plaster, or signs of rats or mice; hallways have no lighting, loose or missing steps or railings, or no elevator; or the kitchen lacks a sink, refrigerator, or burners.

5. The faulty plumbing data have a substantial impact on the 1987 Census figures on substandard rural housing. CDF has estimated the presence of plumbing and other housing deficiencies in 1987 by using plumbing data from 1983, the last year for which complete and accurate plumbing data were published. CDF estimates that fully 11.1 percent of all rural homes were substandard in 1987 — versus 8.8 percent based on the published 1987 figures that use faulty plumbing data. In metro areas, an estimated 6.7 percent of households have housing problems, based on the 1983 plumbing figures — barely different from the 6.5 percent based on published 1987 data. Based on these CDF estimates, rural homes in 1987 were nearly twice as likely as metro homes to be substandard.

6. In 1987, 968,000 "excess" rural households had affordable housing. ("Excess" here means in addition to what would be expected based on metro patterns.) But 267,000 of these excess rural households with affordable housing — more than one in four — lived in substandard housing.

7. Housing assistance is so uncommon in the United States in part because it is one of the few major categories of government assistance that is not an "entitlement." This means the number of people helped each year depends on how much money the government chooses to allocate for housing programs that year, rather than how many people qualify as needy under law. By contrast, many other developed nations guarantee some form of housing assistance for their citizens who need it.

8. This excludes the 37 percent of rural poor households and 22 percent of metro poor households who own their homes but do not owe any mortgages.

Bibliography

This report relies chiefly on published and unpublished data from official federal data sources. When data from sources other than the federal government are used, this is noted in the text or in accompanying tables.

In all cases we have tried to use the most recent data available. Unavoidably, some of these data are several years old.

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